

Medical Assistance Provider Incentive Repository (MAPIR): User Guide for Eligible Hospitals

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Introduction

The American Recovery and Re-investment Act of 2009 was enacted on February 17, 2009. This act provides for incentive payments to Eligible Professionals (EP), Eligible Hospitals (EH), and Critical Access Hospitals to promote the adoption and meaningful use of interoperable health information technology and qualified electronic health records (EHR).

The Medical Assistance Provider Incentive Repository (MAPIR) is a Web-based program administered by state Medicaid programs that allows Eligible Professionals and Eligible Hospitals to apply for incentive payments to help defray the costs of a certified EHR system.

Per the final federal rule, Eligible Hospitals under the Medicaid EHR Incentive Program include:

- Acute Care Hospital are those hospitals with an average patient length of stay of 25 days or fewer, and with a Centers for Medicare and Medicaid Programs (CMS) Certification Number (CCN) that falls in the range 0001-0879 or 1300-1399.
- Separately certified children's hospitals with CCNs in the 3300 – 3399 range.

To qualify for an incentive payment under the Medicaid EHR Incentive Program, an Eligible Hospital must have a minimum 10% Medicaid patient volume requirement. Children's hospitals do not have patient volume requirements.

Note

Children's Health Insurance Program (CHIP) patients do not count toward the Medicaid patient volume criteria.

To apply for the Medicaid EHR Incentive Payment Program, Eligible Hospitals must first register at the CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System (R&A). Once registered, they can submit an application and attest online using MAPIR.

This manual provides step-by-step directions for using MAPIR and submitting your application to the Medicaid EHR Incentive Payment Program.

Before You Begin

There are several pre-requisites to applying for state Medicaid EHR Incentive payments using MAPIR.

1. Complete your CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A) registration.
2. Identify one individual from your organization who will be responsible for completing the MAPIR application and attestation information. This person can also serve as a contact point for state Medicaid communications.
3. Gather the necessary information to facilitate the completion of the application and attestation process.

Important

If you encounter issues with the way the MAPIR screens display, such as extra lines in tables, you may be running your browser in compatibility mode. To remove the MAPIR site from compatibility mode, in your browser go to Tools and select Compatibility View Settings. Select entries that reference "MAPIR" in the URL path from the list and click Remove.

Complete your R&A registration.

You must register at the CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System (also known as R&A) website before accessing MAPIR. If you access MAPIR and have not completed this registration, you will receive the following screen:

here to access the R&A registration website.', and 'If you have successfully completed the R&A registration, please contact the <state> for assistance.'"/>

MAPIR

Name: Not Available

Applicant NPI: Not Available

Status: **Not Registered at R&A**

Our records indicate that you have not registered at the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A).

You must register at the R&A prior to applying for the Medicaid EHR Incentive Program. Please click [here](#) to access the R&A registration website.

If you have successfully completed the R&A registration, please contact the <state> for assistance.

Please access the federal Web site below for instructions on how to do this or to register.

For general information regarding the Incentive Payment Program:

<http://www.cms.gov/EHRIncentivePrograms>

To register:

<https://ehrincentives.cms.gov/hitech/login.action>

You will not be able to start your MAPIR application process unless you have successfully completed this federal registration process. Once MAPIR has received and matched your provider information, you will receive an email to begin the MAPIR application process. Please allow at least two days from the time you complete your federal registration before accessing MAPIR due to the necessary exchange of data between these two systems.

Changes to your R&A Registration

Please be aware that when accessing your R&A registration information, should any changes be initiated but not completed, the R&A may report “Registration in Progress”. This will result in your application being placed in a hold status within MAPIR until the R&A indicates that any pending changes have been finalized. You must complete your registration changes on the R&A website prior to accessing MAPIR or certain capabilities will be unavailable. For example, it will not be possible to submit your application, create a new application, or abort an incomplete application. If you access MAPIR to perform the above activities and have not completed your registration changes, you will receive the following screen.

The screenshot shows a web interface with a header bar labeled 'MAPIR'. Below the header, there are three labels: 'Name:', 'Applicant NPI:', and 'Status:'. The 'Status:' label is followed by a blue box containing the text 'Registration in Progress'. Below this, there is a section titled 'IMPORTANT:' in red. The text in this section reads: 'Our records indicate that your registration is in progress at the CMS Medicare and Medicaid EHR Incentive Payment Program Registration and Attestation System (R&A) and you must complete that registration process before you can access your application here. The R&A website https://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp will have instructions on how to save your registration after a modification. You must choose "Submit Registration" at the R&A after you have reviewed and confirmed the information is correct. Please allow 24 to 48 hours after saving your registration at the R&A before accessing your EHR Medicaid Incentive application. If you have successfully completed the R&A registration, please contact Indiana Health Coverage Programs (IHCP) for assistance.'

Should the R&A report your registration as “In Progress” and an application be incomplete or under review (following the application submission), MAPIR will send an email message reporting that such notification has been received if a valid email address was provided by either the R&A, or by the provider on the incentive application in MAPIR. Please allow at least two days from the time you complete your federal registration changes before accessing MAPIR due to the necessary exchange of data between these two systems.

Identify one individual to complete the MAPIR application.

MAPIR is accessed through the secure provider portal. Eligible EHs will use the Indiana Health Coverage Programs (IHCP) Provider Healthcare Portal (Portal) to initiate the EHR Incentive Payment Program attestation process in Indiana. You will login to the secure server with your assigned Portal ID and Password on the Portal web site at <https://portal.indianamedicaid.com>.

Once an individual has started the MAPIR application process with their Internet/portal account, they cannot switch to another account during that program year. MAPIR will allow the user to save the information entered and return later to complete an application; however, only the same individual's Internet/portal account will be permitted access to the application after it has been started.

Gather the necessary information to facilitate the completion of the required data.

MAPIR will request specific information when you begin the application process. To facilitate the completion of the application, it is recommended that you review the Indiana Medicaid Electronic Health Records (EHR) Incentive Program website (<https://www.in.gov/medicaid/providers/632.htm>) to understand what information will be required. At a minimum, you should have the following information available:

- Information submitted to the R&A
- Medicaid Patient Volume and associated timeframes
- The CMS EHR Certification ID that you obtained from the ONC Certified Health IT Product List (CHPL) Web site (<https://chpl.healthit.gov/>).

Using MAPIR

MAPIR uses a tab arrangement to guide you through the application. You must complete the tabs in the order presented. You can return to previous tabs to review the information or make modifications until you submit the application. You cannot proceed without completing the next tab in the application progression, with the exception of the Get Started and Review tabs which you can access anytime.

Once you submit your application, you can no longer modify the data. It will only be viewable through the Review tab. Also, the tab arrangement will change after submission to allow you to view status information.

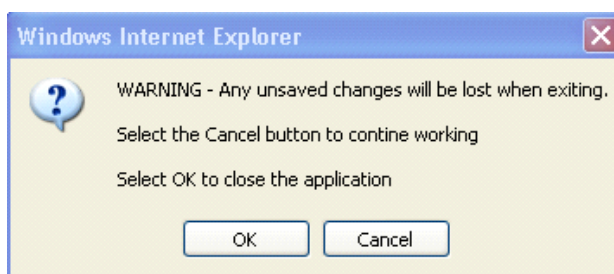
As you proceed through the application process, you will see your identifying information such as Name, National Provider Identifier (NPI), CMS Certification Number, Tax Identification Number (TIN), Payment Year, and Program Year at the top of most screens. This is information provided by the R&A.

A **Print** link is displayed in the upper right-hand corner of most screens to allow you to print information entered. You can also use your Internet browser print function to print screen shots at any time within the application.

There is a **Contact Us** link with contact instructions should you have questions regarding MAPIR or the Medicaid Incentive Payment Program.

Most MAPIR screens display an **Exit** link that closes the MAPIR application window. If you modify any data in MAPIR without saving, you will be asked to confirm if the application should be closed (as shown to the right).

You should use the **Save & Continue** button on the screen before exiting or data entered on that screen will be lost.



Save & Continue

Previous

Reset

Clear All

The **Previous** button always displays the previous MAPIR application window without saving any changes to the application.

The **Reset** button will restore all unsaved data entry fields to their original values.

The **Clear All** button will remove standard activity selections for the screen in which you are working.

A red asterisk (*) indicates a required field. Help icons located next to certain fields display help content specific to the associated field when you hover the mouse over the icon.

Note

Use the MAPIR Navigation buttons in MAPIR to move to the next and previous screens. Do not use the browser buttons as this could result in unexpected results.

As you complete your incentive application you may receive validation messages requiring you to correct the data you entered. These messages will appear above the navigation button. See the Additional User Information section for more information.

Many MAPIR screens contain help icons (?) to give the provider additional details about the information being requested. Moving your cursor over the (?) will reveal additional text providing more details.

Fiscal Year	Total Discharges	Inpatient Bed Days	Total Charges - All Discharges	Total Charges - Charity Care
10/01/2009-09/30/2010	* 10890		* \$ 109878943	* \$ 10990988
10/01/2008-09/30/2009	* 8870			

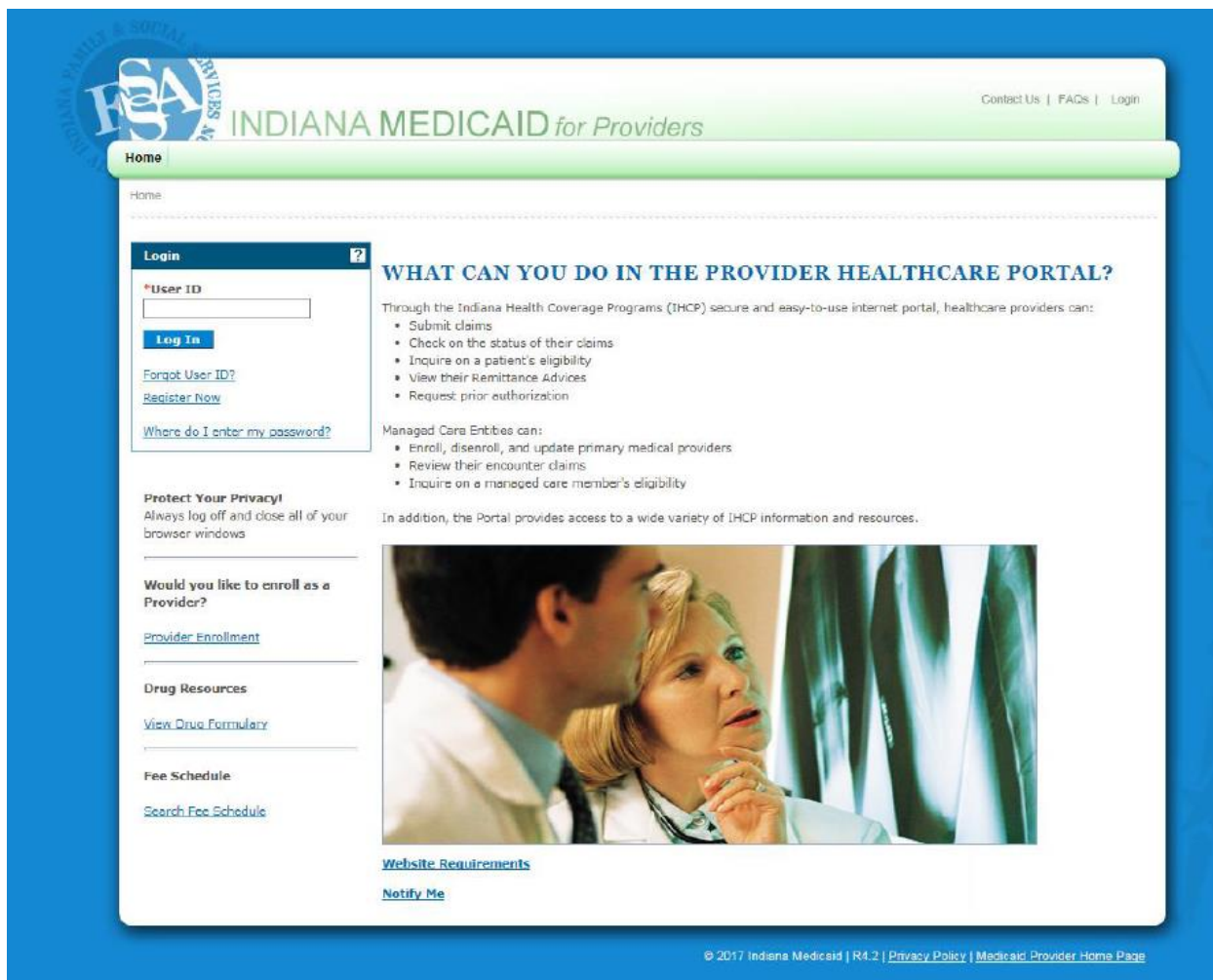
For each reporting fiscal year, enter the total number of inpatient discharges for all patients regardless of health insurance coverage for all locations listed

Step 1 – Getting Started

IHCP Provider Healthcare Portal Screen shots

The following screen shots are showing the information that the user needs to enter when starting the attestation process for the Indiana EHR Incentive Program.

Log in to the Portal site at <https://portal.indianamedicaid.com>



Choose *Link to MAPIR* under Provider Services menu on left.



Note: Your view of this window may not be the same, but you must see the Link to MAPIR to continue.

Choose *MAPIR Application*.

My Home > MAPIR

Indiana EHR Incentive - MAPIR [Back to My Home](#)

Indiana EHR Incentive Program - Attestation System

Are you ready to attest now?

Are you ready to attest to meeting the requirements of the Indiana EHR Incentive Program today, and able to provide supporting documentation for verification purposes?

Before you start:

It may be helpful to have the information listed below before you begin answering the questions. You will not be able to save your information and return later.

- Information about your ONC-ATCB Certified EHR system including EHR certification number, vendor, product name, and version
- The exact location where incentive payments should be sent

Getting Started:

Please keep in mind that all questions pertain to the provider who will be attesting to the EHR system usage.

Provider Responsibilities:

All providers must sign and abide by the IHCP Provider Agreement. The provider agreement is legally binding for the entire program eligibility period. In addition, it is the provider's responsibility to ensure that his or her enrollment file information with the IHCP is current and to notify the IHCP of any changes within 10 business days of the effective date of the change.

The Centers for Medicare and Medicaid Services allows an eligible professional to designate a third party to register and attest on his or her behalf. To do so, users working on behalf of an eligible professional must have an Identity and Access Management System (I&A) web user account (User ID/Password), and be associated to the eligible professional's National Provider Identifier (NPI). The certification statement that corresponds with the federal National Provider Identifier (NPI) application, requires that providers inform the Enumerator of any changes to information provided within 30 days of the effective date of the change.

WARNING: Unauthorized access to the I&A is forbidden and will be prosecuted by law. By accessing the I&A, both authorized and unauthorized users are subject to monitoring by system personnel. Anyone using the I&A expressly consents to monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.

NPI Provider Id

Verify that the above information accurately identifies your entity. Click MAPIR Application button to proceed to MAPIR.

MAPIR Application

If you have any questions, please contact DXC Technology EHR Customer Service at either:

(855) 856-9563
(317) 488-5137

The screen below, the Medicaid EHR Incentive Program Participation Dashboard, is the first screen you will see when you begin the MAPIR application process.

This screen displays your incentive applications. The incentive applications that you are eligible to apply for are enabled. Your incentive applications that are in a Completed status are also enabled; however, you may only view these applications.

The **Stage** is automatically associated with a stage of Meaningful Use that is required by the current CMS rules, or by the rules that were in effect at the time when the application was submitted. This column displays the Stage and Attestation Phase attained by the current and previous applications. The Stage column will be blank for incentive applications in a Not Started status.

If it is your first year participating (Payment Year 1), the Stage column will be blank. Once you have submitted the incentive application, the Stage column will display Adoption, Implementation, Upgrade, or Meaningful Use.

If it is not your first year participating (Payment Year greater than 1), the Stage column will only display the Stage, not the Attestation Phase, until you submit the incentive application.

If your incentive application is for Program Year 2019 or higher, then you must attest to Stage 3 Meaningful Use.

Note

MAPIR will only load and store Payment Years greater than 6.

If you are a Dually Eligible hospital, the Stage column will display Adoption, Implementation, Upgrade, or Meaningful Use.

The **Status** will vary, depending on your progress with the incentive application. The first time you access the system the status should be **Not Started**.

From this screen you can choose to edit and view incentive applications in an Incomplete or Not Started status. You can only view incentive applications that are in a Completed, Denied, or Expired status. Also, from this screen, you can choose to abort an incentive application that is in an Incomplete status. When you click **Abort** on an incentive application, all progress will be eliminated for the incentive application.

When an incentive application has completed the payment process, the status will change to **Completed**.

The screen on the following page displays an EH that is in the second year of Stage 1 Meaningful Use.

Select an application and click **Continue**.

If you have a [State-to-State Switch](#) or [Program Switch](#) incentive application proceed to page 19.

MAPIR

Medicaid EHR Incentive Program Participation Dashboard

NPI

TIN

CCN

(*) Red asterisk indicates a required field.

*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
<input type="radio"/>	Adoption	Completed	1	2016	\$1,250,000.00	Select the "Continue" button to view this application.
<input type="radio"/>	Stage 2 Meaningful Use 90 Days	Denied	2	2017	\$0.00	Select the "Continue" button to view this application
<input type="radio"/>	Stage 2 Meaningful Use 90 Days	Completed	2	2017	\$750,000.00	Select the "Continue" button to view this application.
<input type="radio"/>	Stage 3 Meaningful Use Full Year	Completed	3	2018	\$250,000.00	Select the "Continue" button to view this application.
<input type="radio"/>	Stage 3 Meaningful Use Full Year	Denied	4	2019	\$0.00	Select the "Continue" button to view this application
<input type="radio"/>	Stage 3 Meaningful Use 90 Days	Submitted	4	2019	\$250,000.00	Select the "Continue" button to view this application.

<The text on this section of the page would be replaced by actual content that the hosting state may specify as static HTML.>

Continue

Note 1

A state may allow a grace period which extends the specific Payment Year for a configured length of time. If two applications are showing for the same Payment Year, but different Program Years, one of your incentive applications is in the grace period. In this situation, the following message will display at the bottom of the screen.

You are in the grace period for program year <Year> which began on <Date> and ends on <Date>. The grace period extends the amount of time to submit an application for the previous program year. You have the option to choose the previous program year or the current program year.

You may only submit an application for one Program Year so once you select the application, the row for the application for the other Program Year will no longer display. If the incentive application is not completed by the end of the grace period, the status of the application will change to Expired and you will no longer have the option to submit the incentive application for that Program Year.

Note 2

According to the Federal Rule, hospitals must have a completed application on file for Program Year 2016 in order to continue their participation in the incentive payment program. Beginning with Program Year 2017, you will no longer be permitted to skip program years, therefore, you are required to complete applications for consecutive program years. If you skip a program year, the subsequent years for 2017 and higher will no longer be available on the dashboard.

The R&A Not Registered or In Progress screen displays a status of *Not Registered at R&A* to indicate that you have not registered at the R&A, or the information provided during the R&A registration process does not match that on file with the state Medicaid Program. A Status of *Registration In Progress* indicates that you have initiated but not completed R&A registration changes. If you feel this status is not correct you can click the Contact Us link in the upper right for information on contacting the state Medicaid program office. A status of *Not Started* indicates that the R&A and state MMIS information have been matched and you can begin the application process.

The **Status** will vary, depending on your progress with the application. The first time you access the system the status should be **Not Started**.

For more information on statuses, refer to the *Additional User Information* section later in this guide.

Enter the 15-character **CMS EHR Certification ID**.

Click **Next** to review your selection. Click **Reset** to restore this panel back to the starting point. Click **Exit** to exit MAPIR.

The system will perform an online validation of the CMS EHR Certification ID you entered. The attestation options available will be based on the characters in positions 3-5 of your CEHRT ID.

Note

A CMS EHR Certification ID can be obtained from the Office of the National Coordinator (ONC) Certified Health IT Product List (CHPL) website (<https://chpl.healthit.gov/>)

Incentive applications started in Program Year 2019 or higher require attestation to Stage 3 Meaningful Use.

Payment Year
Program Year

MAPIR

Name:

Applicant NPI:

Status: Not Started

If you are attesting to a Meaningful Use option that is different from what you were scheduled for, you will be required to supply one or more delay reasons on the next screen.

Note: If you are attesting to Adopt, Implement, or Upgrade, you must be adopting, implementing, or upgrading to a 2014 certified edition. If you are attesting to Meaningful Use, please enter the certification number you had during your EHR reporting period.

The EHR Incentive Payment Program requires the use of technology certified for this program. Please enter the CMS EHR Certification ID that you have obtained from the ONC Certified Health IT Product List (CHPL) website. Click [here](#) to access the CHPL website. You must enter a valid certification number.

Click the **Exit** button to terminate your session. When ready click the **Next** button to continue.
 Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Please enter the 15 character CMS EHR Certification ID for the Complete EHR System:

0015E4VVH9CF6M x

(No dashes or spaces should be entered.)

Exit
Reset
Next

This screen confirms you successfully entered your **CMS EHR Certification ID**.

Click **Next** to continue or click **Previous** to go back.

Payment Year	Program Year
<div>MAPIR</div>	
<p>Name:</p> <p>Applicant NPI:</p> <p>Status: Not Started</p>	
<p>We have confirmed that you have entered a valid CMS EHR Certification ID. Click here for additional information regarding the Certified Health IT Product List (CHPL).</p> <p>When ready click the Next button to continue, or click Previous to go back.</p>	
<p>CMS EHR Certification ID: 0015E4VVH9CFP6M</p>	
<p> <input type="button" value="Previous"/> <input type="button" value="Next"/> </p>	

Click **Get Started** to access the **Get Started** screen or **Exit** to close the program.

If you click **Exit** or close the browser prior to clicking the **Get Started** button, you will lose the data you entered on the previous screens.

Payment Year Program Year

MAPIR

Name:

Applicant NPI:

Status: **Not Started**

IMPORTANT:

begin include file

The MAPIR application **must** be completed by the **actual** Provider or by an authorized preparer. In some cases, a provider may have more than one Internet/Portal account available for use. Once the MAPIR application has been started, it must be completed by the same Internet/Portal account.

To access MAPIR to apply for Medicaid EHR Incentive Payment Program under a different Internet/Portal account, select **Exit** and log on with that account.

To access MAPIR using the current account, select **Get Started**. All applications for previous years will be re-associated with the current account and the previous user account will lose access to these applications.

end include file

Exit **Get Started**

If you selected an incentive application that you are not associated with, you will receive a message indicating that a different Internet/Portal account has already started the Medicaid EHR Incentive Payment Program application process and that the same Internet/Portal account must be used to access the application for this Provider ID. If you are the new user for the provider and want to access the previous applications, you will need to contact the Indiana Health Coverage Programs (IHCP) for assistance.

Program Year 2019 or higher incentive applications require Stage 3 attestation. It is no longer necessary to select a Meaningful Use Reporting Option or to contact your state administrator to do so.

Click **Confirm** to associate the current Internet/Portal account with this incentive application.

MAPIR

Confirmation

You have chosen to complete the MAPIR application using the current Internet account. Once you have started the application process using this account, you cannot switch to another account.

Select the "**Cancel**" button to return to the start page.

Select "**Confirm**" to associate the current Internet/Portal account with MAPIR.

Cancel **Confirm**

The **Get Started** screen contains information that includes your facility **Name** and **Applicant NPI**. Also included is the current status of your application.

Click **Continue** to proceed to the **R&A/Contact Info** section.

Name	NPI
CCN Payment Year	Hospital TIN Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Name:

Applicant NPI:

Status: Incomplete Continue

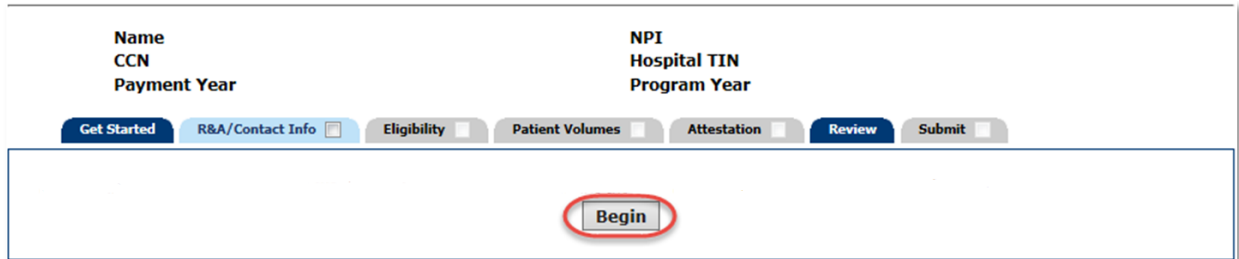
Click [here](#) if you would like to eliminate all information saved to date, and start over from the beginning.

Step 2 – Confirm R&A and Contact Info

When you completed the R&A registration, your registration information was sent to the state Medicaid program. This section will ask you to confirm the information sent by the R&A and matched with the state Medicaid program information. It is important to review this information carefully. The R&A information can only be changed at the R&A, but Contact Information can be changed at any time prior to application submission.

The initial **R&A/Contact Info** screen contains information about this section.

Click **Begin** to access the **R&A/Contact Info** screen to confirm information and to enter your contact information.



The screenshot displays the MAPIR application interface. At the top, there are two columns of labels: 'Name', 'CCN', and 'Payment Year' on the left; 'NPI', 'Hospital TIN', and 'Program Year' on the right. Below these labels is a horizontal navigation bar containing seven buttons: 'Get Started' (dark blue), 'R&A/Contact Info' (light blue and selected), 'Eligibility' (grey), 'Patient Volumes' (grey), 'Attestation' (grey), 'Review' (dark blue), and 'Submit' (grey). The main content area below the navigation bar is a large white rectangle. In the center of this area, there is a 'Begin' button, which is a small grey rectangle with the word 'Begin' in black text. This button is circled with a red oval.

See the Using MAPIR section of this guide for information on using the **Print**, **Contact Us**, and **Exit** links.

Check your information carefully to ensure all of it is accurate.

Compare the R&A Registration ID you received when you registered with the R&A with the **R&A Registration ID** that is displayed.

After reviewing the information click **Yes** or **No**.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point. The Reset button will not reset the R&A information. If the R&A information is incorrect you will need to return to the R&A website to correct it.

Name
CCN
Payment Year

NPI
Hospital TIN
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

R&A Verification

We have received the following information for your NPI from the CMS Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A). Please specify if the information is accurate by selecting Yes or No to the question below.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point.*

Legal Business Name

CCN

Business Address

Business Phone

Incentive Program

Eligible Hospital Type

R&A Registration ID

R&A Registration Email Address

CMS EHR Certification Number

Hospital NPI

Hospital TIN

Deemed Medicare Eligible Status?

State

(*) Red asterisk indicates a required field.

* Is this information accurate? ☒ Yes ☐ No

Previous
Reset
Save & Continue

Enter the required contact information.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point.

Note

For incentive applications that were created prior to the implementation of MAPIR Release 5.4 and progressed passed this page, the fields on this screen will be limited to Contact Name, Contact Phone, Contact Phone Extension, and Contact Email Address.

Name
CCN
Payment Year

NPI
Hospital TIN
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Contact Information

Please enter your contact information. All email correspondence will go to the primary contact email address entered below. The email address, if any, entered at the R&A will be used as a secondary email address. If an email address was entered at the R&A, all email correspondence will go to both email addresses.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel back to the starting point.

(*) Red asterisk indicates a required field.

Primary Contact

<p>* First Name <input style="width: 90%;" type="text"/></p> <p>* Phone <input style="width: 30%;" type="text"/> - <input style="width: 30%;" type="text"/> - <input style="width: 30%;" type="text"/></p> <p>* Email Address <input style="width: 90%;" type="text"/></p> <p>* Department <input style="width: 90%;" type="text"/></p> <p>* Address Line 1 <input style="width: 90%;" type="text"/></p> <p>Address Line 2 <input style="width: 90%;" type="text"/></p> <p>* City <input style="width: 90%;" type="text"/></p> <p>* State <input style="width: 90%;" type="text"/></p> <p>* Zip Code <input style="width: 30%;" type="text"/></p>	<p>* Last Name <input style="width: 90%;" type="text"/></p> <p>Phone Extension <input style="width: 30%;" type="text"/></p> <p>* Verify Email <input style="width: 90%;" type="text"/></p>
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Alternate Contact

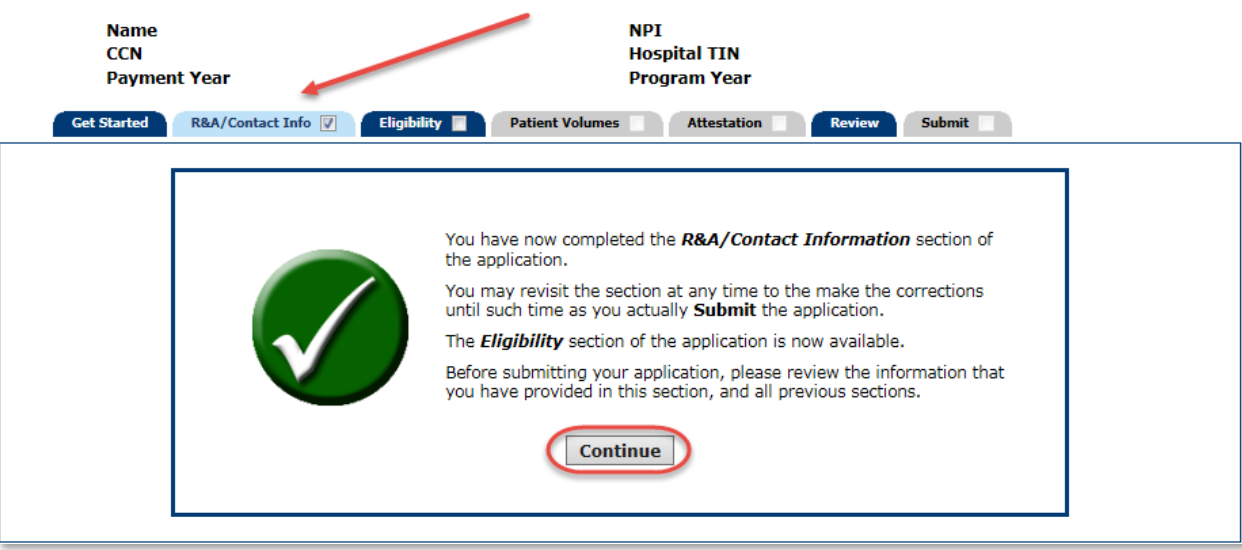
<p>First Name <input style="width: 90%;" type="text"/></p> <p>Phone <input style="width: 30%;" type="text"/> - <input style="width: 30%;" type="text"/> - <input style="width: 30%;" type="text"/></p> <p>Email Address <input style="width: 90%;" type="text"/></p>	<p>Last Name <input style="width: 90%;" type="text"/></p> <p>Phone Extension <input style="width: 30%;" type="text"/></p> <p>Verify Email <input style="width: 90%;" type="text"/></p>
--	--

Previous
Reset
Save & Continue

This screen confirms you successfully completed the **R&A/Contact Info** section.

Note the check box located in the **R&A/Contact Info** tab. You can return to this section to update the Contact Information at any time prior to submitting your application.

Click **Continue** to proceed to the **Eligibility** section.



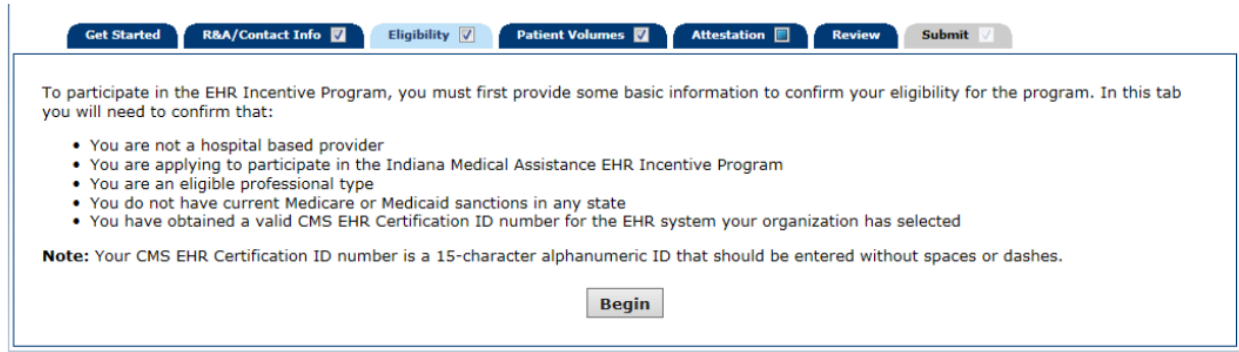
The screenshot shows a web application interface. At the top, there are two columns of labels: 'Name', 'CCN', and 'Payment Year' on the left; 'NPI', 'Hospital TIN', and 'Program Year' on the right. Below these labels is a horizontal row of tabs: 'Get Started', 'R&A/Contact Info' (which is highlighted in blue and has a checkmark icon), 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. A red arrow points from the 'R&A/Contact Info' tab to the 'Eligibility' tab. Below the tabs is a large rectangular box with a blue border. Inside this box, on the left, is a large green circular icon with a white checkmark. To the right of the icon, there is text: 'You have now completed the **R&A/Contact Information** section of the application. You may revisit the section at any time to the make the corrections until such time as you actually **Submit** the application. The **Eligibility** section of the application is now available. Before submitting your application, please review the information that you have provided in this section, and all previous sections.' Below this text is a button labeled 'Continue' with a red border.

Step 3 – Eligibility

The Eligibility section will ask questions to allow the state Medicaid program to make a determination regarding your eligibility for the Medicaid EHR Incentive Payment Program. You will also enter your required CMS EHR Certification ID.

The initial **Eligibility** screen contains information about this section.

Click Begin to proceed to the Hospital Eligibility Questions.



Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit

To participate in the EHR Incentive Program, you must first provide some basic information to confirm your eligibility for the program. In this tab you will need to confirm that:

- You are not a hospital based provider
- You are applying to participate in the Indiana Medical Assistance EHR Incentive Program
- You are an eligible professional type
- You do not have current Medicare or Medicaid sanctions in any state
- You have obtained a valid CMS EHR Certification ID number for the EHR system your organization has selected

Note: Your CMS EHR Certification ID number is a 15-character alphanumeric ID that should be entered without spaces or dashes.

Begin

Select **Yes** or **No** to the eligibility questions.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

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Hospital Eligibility Questions

Please answer the following questions so that we can determine your eligibility for the program.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* Please confirm that you are choosing the Medicaid incentive program. ☒ Yes ☐ No

* Do you have any sanctions or pending sanctions with Medicare or Medicaid in Colorado? ☐ Yes ☒ No

* Is your facility licensed to operate in all states in which services are rendered? ☒ Yes ☐ No

Previous Reset **Save & Continue**

This screen confirms you successfully completed the **Eligibility** section.

Note the check box in the **Eligibility** tab.

Click **Continue** to proceed to the **Patient Volumes** section.

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You have now completed the **Eligibility** section of the application.

You may revisit the section at any time to make the corrections until such time as you actually **Submit** the application.

The **Patient Volumes** section of the application is now available.

Before submitting your application, please review the information that you have provided in this section, and all previous sections.

Continue

Step 4 – Patient Volumes

The Patient Volumes section gathers information about your facility locations, the 90-day period you intend to use for reporting the Medicaid patient volume requirement, and the actual patient volumes. Additionally, you will be asked about how you utilize your certified EHR technology.

There are three parts to the Patient Volumes section:

- Part 1 of 3 establishes the 90-day period for reporting patient volumes.
- Part 2 of 3 contains screens to enter locations for reporting **Medicaid Patient Volumes** and at least one location for **Utilizing Certified EHR Technology**, adding locations, and entering patient volumes for the chosen reporting period.
- Part 3 of 3 contains screens to enter your **Hospital Cost Report Data** information. This information will be used to calculate your hospital incentive payment amount.

Children's hospitals (separately certified children's hospitals with CCNs in the 3300 – 3399 range) are not required to meet the 10% Medicaid patient volume requirement. Based on a hospital's CCN, MAPIR will bypass these patient volume screens.

The initial **Patient Volumes** screen contains information about this section.

If you represent a Children's Hospital, click **Begin** to go to the **Hospital Cost Report Data – Fiscal Year (Part 3 of 3)**, section in this guide, to bypass entering patient volumes and adding locations.

If you represent an Acute Care or Critical Access Hospital, click **Begin** to proceed to the **Patient Volume 90 Day Period (Part 1 of 3)** screen.

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The next section of the application will collect data to verify Medicaid patient encounter volumes. Eligible acute care hospitals including, critical access hospitals, must meet the Medicaid patient volume threshold which is 10 percent. Children's hospitals have no Medicaid patient volume threshold.

Medicaid patient volume calculations are based on discharges (which may include emergency department visits) for which Medicaid paid any part. Medicaid patient volume is measured over a continuous 90-day period in the previous hospital fiscal year and for all hospital locations related to this CCN. Hospitals only enter the start date and MAPIR will calculate the end date.

For example, if requesting an EHR incentive payment and your hospital fiscal year is between July 1 - June 30, the start of your continuous 90-day period must start and end between July 1, 2010 and June 30, 2011.

Once you have determined what time period to report patient volumes, MAPIR will display your practice location(s) on file with Web interChange. You must select at least one location where you are meeting Medicaid patient volumes thresholds AND you are utilizing EHR technology. If you wish to report patient volumes for a location or site that is not listed, use the Add Location feature. Please note that a location added in MAPIR does not get added to Web interChange.

Additional guidance on entering patient volume:

- The in-state numerator cannot be greater than the total numerator
- The numerator cannot be greater than the denominator
- The Indiana EHR Incentive Program EH Payment Worksheet is provided to assist with completing the following Patient Volume screens. [EHR Worksheet](#)

FOR CHILDREN'S HOSPITAL ONLY

- In this section it is important that the applicant complete the fields from left to right before moving onto the next row (top to bottom)
- **Note:** Enter the most recent hospital fiscal year data before prior hospital fiscal year's data
- Please use data from the hospital fiscal year that ends prior to the beginning of the current federal fiscal year. This information will be compared to cost reports submitted to Medicaid
- Please note that hospitals are eligible for incentive payments based on their CMS Certification Numbers (CCN). Multiple hospitals may be rolled up to one CCN for the purposes of the Medical Assistance EHR Incentive Program.

[Begin](#)

Patient Volume (Part 1 of 3) – 90 Day Reporting Period

The Patient Volume (Part 1 of 3) - 90 Day Reporting Period section collects information about the Medicaid Patient Volume reporting period. Enter the start date for the 90 day reporting period in which you will demonstrate the required Medicaid patient volume participation level.

Select if you would like your 90 day reporting period to be from either the **Last Completed Fiscal Year Preceding the Payment Year** or the **12 Months Preceding Attestation Date**.

Enter a **Start Date** or select one from the calendar icon located to the right of the **Start Date** field.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel back to the starting point or last saved values.

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Patient Volume (Part 1 of 3) – 90 Day Reporting Period


If applying as an Acute Care hospital, you must demonstrate that you serve the Medicaid population to participate. The continuous 90 day volume reporting period may be from either the last completed fiscal year preceding the payment year or the previous 12 months prior to the attestation date. Select either previous fiscal year or previous 12 months, then enter the Start Date of your continuous 90-day period.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

*Please select one of the following two options.

☐ Last Completed Fiscal Year Preceding the Payment Year
 ☒ 12 Months Preceding Attestation Date

*Start Date: 
mm/dd/yyyy

Please Note: The **Start Date** must fall within the period that is applicable to your selected volume period.

Previous
Reset
Save & Continue

Review the **Start Date** and **End Date** information. The 90 Day **End Date** has been calculated for you.

Click **Save & Continue** to review your selection or click **Previous** to go back.

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Payment Year	Program Year

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Patient Volume (Part 1 of 3) – 90 Day Reporting Period

Please review the **Start Date** and **End Date** of your selected continuous 90 day period for patient volume.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.

Start Date: Jan 02, 2019
End Date: Apr 01, 2019

Previous
Save & Continue

Patient Volume (Part 2 of 3) – Location

To meet the requirements of the Medicaid EHR Incentive Program, you must provide information about your facility. The information will be used to determine your eligibility for the incentive program.

Facility locations – MAPIR will present a list of locations that the state Medicaid program office has on record. If you have additional locations, you will be given the opportunity to add them. Once all locations are added, you will enter the required Patient Volume information.

Review the listed locations. Add new locations by clicking **Add Location**.

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Patient Volume (Part 2 of 3) - Location

CO has the following information on the locations for your facility.

If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

Provider ID	Location Name	Address	Available Actions

Add Location
Refresh

Previous
Reset
Save & Continue

If you clicked **Add Location** on the previous screen, you will see the following screen.

Enter the requested information for your new location.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Name CCN Payment Year	NPI Hospital TIN Program Year
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Patient Volume (Part 2 of 3) - Location

Please provide the information requested below to add a location to MAPIR *(for this Payment Incentive Application use only)*.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Location Name:

* Address Line 1:

Address Line 2:

Address Line 3:

* City:

* State:

* Zip (5+4): -

Previous
Reset
Save & Continue

This screen shows one location on file and one added location.

Click **Edit** to make changes to the added location or **Delete** to remove it from the list.

Note

The **Edit** and **Delete** options are not available for locations already on file.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

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Patient Volume (Part 2 of 3) - Location

CO has the following information on the locations for your facility.

If you wish to report patient volumes for a location or site that is not listed, click **Add Location**.

When ready click the **Save & Continue** button to review your selection, click **Previous** to go back or click **Refresh** to update the list below. Click **Reset** to restore this panel to the starting point.

Provider ID	Location Name	Address	Available Actions
			Edit Delete

Add Location
Refresh

Previous
Reset
Save & Continue

Click **Begin** to proceed to the screens where you will enter patient volumes.

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- In this section, it is important that the applicant complete the fields from left to right before moving onto the next row (top to bottom.)

Note: Enter the most recent hospital fiscal year data before prior hospital fiscal year's data.

- Please use data from the hospital fiscal year that ends prior to the beginning of the current federal fiscal year. This information will be compared to cost reports submitted to Medicaid.
- Please note that hospitals are eligible for incentive payments based on their CMS Certification Numbers (CCN). Multiple hospitals may be rolled up to one CCN for the purposes of the Medical Assistance EHR Incentive Program.

Begin

Enter **Patient Volumes** for each of the locations listed on the screen.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

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Patient Volume (Part 2 of 3) – Enter Volume

Please enter **patient volumes** where indicated.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
 Click **Reset** to restore this panel to the starting point

(*) Red asterisk indicates a required field.

Provider Id	Location Name	Address	Medicaid Discharges (In State Numerator)	Other Medicaid Discharges (Other Numerator)	Total Discharges All Lines of Business (Denominator)
			* 200	* 500	* 1000
			* 200	* 500	* 1000

Previous
Reset
Save & Continue

This screen displays the patient volumes you entered, all values summarized, and the Medicaid Patient Volume Percentage.

The Medicaid Patient Volume Percentage Formula is:

(Medicaid Discharges + Other Medicaid Discharges)

Divided by

Total Discharges All Lines of Business

Note the **Total %** patient volume field. This percentage must be greater than or equal to 10% to meet the Medicaid patient volume requirement.

Click **Save & Continue** to continue, or **Previous** to go back.

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Patient Volume (Part 2 of 3) – Enter Volume

The patient volumes selections you entered are depicted below. Please review the current information to verify what you have entered is correct.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

Provider ID	Location Name	Address	Encounter Volumes	% Medicaid Discharges
			<i>In State Medicaid:</i> 200 <i>Other Medicaid:</i> 500 <i>Total Discharges:</i> 1000	70%
			<i>In State Medicaid:</i> 200 <i>Other Medicaid:</i> 500 <i>Total Discharges:</i> 1000	70%

Sum In-State Medicaid Volume	Sum Other Medicaid Volume	Total Discharges Sum Denominator	Total %
400	1000	2000	70%

Previous
Save & Continue

Hospital Cost Report Data – Fiscal Year (Part 3 of 3)

The following screens will request hospital cost data. This information will be used to calculate your hospital incentive payment amount. The total hospital incentive payment is calculated in your first payment year and distributed over the number of years defined by the state Medicaid program. To receive subsequent year payments, you must attest to the eligibility requirements, patient volume requirements (except Children's hospitals), and meaningful use each year.

Enter the **Start Date** of the hospital fiscal year that ends during the Federal fiscal year prior to the fiscal year that serves as the first payment year or select one from the calendar icon located to the right of the Start Date field.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

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Hospital Cost Report Data – Fiscal Year (Part 3 of 3)

Please enter the **Start Date** of the most recent completed hospital fiscal year.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* Start Date:

mm/dd/yyyy

Previous Reset **Save & Continue**

This screen displays your Fiscal Year Start Date and the Fiscal Year End Date.

If the Fiscal Year Start and End Dates are correct, click **Save & Continue** to review your selection, or click **Previous** to go back.

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Payment Year

Program Year

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Hospital Cost Report Data – Fiscal Year (Part 3 of 3)

Please review the start and end dates below. The dates should reflect the hospital's most recent completed fiscal year

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.

Fiscal Year Start Date:

Fiscal Year End Date:

Previous **Save & Continue**

Hospital Cost Report Data (Part 3 of 3)

On this screen you will enter the hospital cost report data required to calculate your incentive payment. In the first column enter **Total Discharges** for the **Fiscal Years** displayed to the left. Enter the **Total Inpatient Medicaid Bed Days**, **Total Inpatient Bed Days**, **Total Charges – All Discharges**, and **Total Charges – Charity Care**.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Name
NPI
CCN
Hospital TIN
Payment Year
Program Year

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Hospital Cost Report Data (Part 3 of 3)

Please enter your **hospital cost report data** for the hospital fiscal year selected in the first row. Complete the first column in the table below for your last four full fiscal years. Only acute care discharges and acute care bed days are to be included in Total Discharges, Total Inpatient Medicaid Bed Days and Total Inpatient Bed Days. Nursery days must be excluded from these entries.
Note: You will not be able to change the Fiscal years which were previously entered.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Fiscal Year	Total Discharges	Total Inpatient Medicaid Bed Days	Total Inpatient Bed Days	Total Charges - All Discharges	Total Charges - Charity Care
10/01/2011-09/30/2012	* 44444	* 55555	* 777777	* \$ 888888888	* 22222222
10/01/2010-09/30/2011	* 33333				
10/01/2009-09/30/2010	* 22222				
10/01/2008-09/30/2009	* 11111				

Previous
Reset
Save & Continue

If you are in Payment Year 2 or subsequent payment years, this screen will display the hospital cost report data from the previous paid application. If you would like to change the hospital cost report data, refer to the Change Hospital Cost Report Data section of this manual. If you would like to proceed using the existing hospital cost report data from the previous paid application, click **Save & Continue**.

If you are accessing MAPIR for the first time and received one or more incentive payments from another state, the Hospital Cost Report Data (Part 3 of 3) screen will display zeroes. You will not be able to enter data. After submitting your application, contact the Indiana Health Coverage Programs (IHCP) at 1-855-856-9563.

Review the numbers you entered.

Click **Save & Continue** to continue or click **Previous** to go back.

Name
NPI
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Hospital Cost Report Data (Part 3 of 3)

Please review your *hospital cost report data* below.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.

(*) Red asterisk indicates a required field.

Fiscal Year	Total Discharges	Total Inpatient Medicaid Bed Days	Total Inpatient Bed Days	Total Charges - All Discharges	Total Charges - Charity Care
07/01/2010-06/30/2011	44444	55555	777777	\$1,234,567,890.00	\$2,231,456.00
07/01/2009-06/30/2010	33333				
07/01/2008-06/30/2009	22222				
07/01/2007-06/30/2008	11111				

Previous
Save & Continue

This screen confirms you successfully completed the **Patient Volumes** section.

Note the check box in the **Patient Volumes** tab.

Click **Continue** to proceed to the **Attestation** section.

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NPI
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You have now completed the **Patient Volumes** section of the application.

You may revisit the section at any time to make corrections until such time as you actually **Submit** the application.

The **Attestation** section of the application is now available.

Before submitting your application, please review the information that you have provided in this section, and all previous sections.

Continue

Change Hospital Cost Report Data

When you have applied since the start of the program in the same state and your payment year is 2 or higher, MAPIR allows you to revise previously entered hospital cost report data. The Hospital Cost Report Data screen will display the data from the previously paid application. The revised hospital cost report data that you enter will be referenced when MAPIR calculates your total EHR incentive amount, overriding any amount for previous years. When viewing any previous applications, MAPIR will continue to display the cost report data that was entered originally for reference purposes only. The fiscal years entered on the payment year 1 application cannot be changed.

From the Hospital Cost Report Data screen, click **Change Data**.

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Hospital Cost Report Data (Part 3 of 3)

Please review your **hospital cost report data** below. If you wish to update the data shown below please select the Change Data button.

Note: You will not be able to change the Fiscal years which were previously entered.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.
Click **Change Data** to change previously entered data.

(*) Red asterisk indicates a required field.

Fiscal Year	Total Discharges	Total Inpatient Medicaid Bed Days	Total Inpatient Bed Days	Total Charges - All Discharges	Total Charges - Charity Care
01/01/2011-12/31/2011	90	138	128000	\$3,707,849.00	\$8,000.00
01/01/2010-12/31/2010	90				
01/01/2009-12/31/2009	90				
01/01/2008-12/31/2008	90				

Previous
Save & Continue
Change Data

Confirm if you want to proceed to change the hospital cost report data. Be advised that if you elect to proceed the data that was previously entered for hospital cost report data will be erased.

Click **Confirm** to proceed. Click **Cancel** to return to the previous screen.


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CCN
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Change Data and Reenter Hospital Cost Report Data

To submit your request to delete all information, select **Confirm**. Select **Cancel** to return to the previous screen.



Important: By selecting to Change Data, you are opting to erase all data previously entered for Hospital Cost Report Data

Cancel
Confirm

On this screen you will re-enter the hospital cost report data required to calculate your incentive payment. In the first column enter **Total Discharges** for the **Fiscal Years** displayed to the left. Enter the **Total Inpatient Medicaid Bed Days**, **Total Inpatient Bed Days**, **Total Charges – All Discharges**, and **Total Charges – Charity Care**.

Click **Save & Continue** to review your selection or click **Previous** to go back to the existing hospital cost report data. Click **Reset** to restore this panel to the starting point.

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Hospital Cost Report Data (Part 3 of 3)

Please enter your *hospital cost report data* for the hospital fiscal year selected in the first row. Complete the first column in the table below for your last four full fiscal years. Only acute care discharges and acute care bed days are to be included in Total Discharges, Total Inpatient Medicaid Bed Days and Total Inpatient Bed Days. Nursery days must be excluded from these entries.

Note: You will not be able to change the Fiscal years which were previously entered.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
 Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Fiscal Year	Total Discharges	Total Inpatient Medicaid Bed Days	Total Inpatient Bed Days	Total Charges - All Discharges	Total Charges - Charity Care
01/01/2011-12/31/2011	*90	*138	*128000	*\$3707849	*\$8000
01/01/2010-12/31/2010	*90				
01/01/2009-12/31/2009	*90				
01/01/2008-12/31/2008	*90 x				

Previous
Reset
Save & Continue

If you re-enter the hospital cost report data and the values match the existing hospital cost report data on file, you will receive an error message. The re-entered data cannot match the existing data on file.

Review your revised hospital cost report data.

Once you save the revised hospital cost report data you cannot revert to the hospital cost report data on file. At this point, if you decide you do not want to revise the existing hospital cost data on file, abort the current application and start over again.

Click **Save & Continue** to continue with new amounts or click **Previous** to go back to the first Hospital Cost Report Data screen. Click **Change Data** to change the data again.

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Hospital Cost Report Data (Part 3 of 3)

Please review your **hospital cost report data** below. If you wish to update the data shown below please select the Change Data button.

Note: You will not be able to change the Fiscal years which were previously entered.

When ready click the **Save & Continue** button to continue, or click **Previous** to go back.
 Click **Change Data** to change previously entered data.

(*) Red asterisk indicates a required field.

Fiscal Year	Total Discharges	Total Inpatient Medicaid Bed Days	Total Inpatient Bed Days	Total Charges - All Discharges	Total Charges - Charity Care
01/01/2011-12/31/2011	90	138	128000	\$3,707,849.00	\$8,000.00
01/01/2010-12/31/2010	90				
01/01/2009-12/31/2009	90				
01/01/2008-12/31/2008	90				

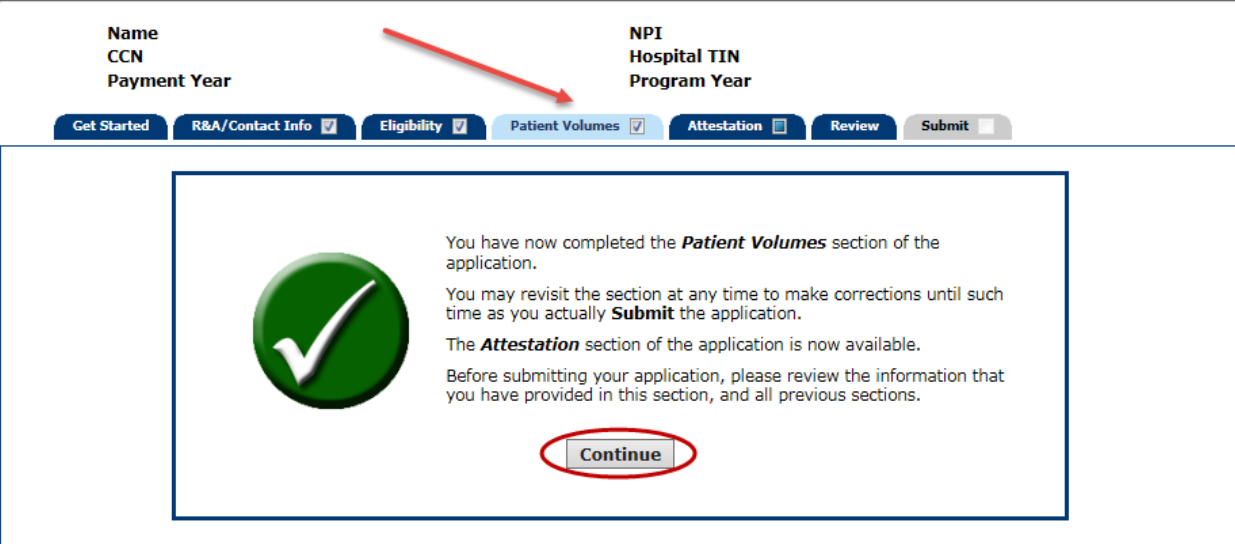
Previous
Save & Continue
Change Data

Once you have submitted the application, MAPIR recalculates the incentive payment for that year based on the revised hospital cost data as well as the remaining payments. If the new calculation results in a revised payment for the current year, you will receive a payment for the revised amount.

This screen confirms you successfully completed the **Patient Volumes** section.

Note the check box in the **Patient Volumes** tab.

Click **Continue** to proceed to the **Attestation** section.



The screenshot displays the MAPIR application interface. At the top, there are input fields for 'Name', 'CCN', 'Payment Year', 'NPI', 'Hospital TIN', and 'Program Year'. Below these fields is a horizontal navigation bar with several tabs: 'Get Started', 'R&A/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. The 'Patient Volumes' tab is currently selected and highlighted in blue, and it contains a small checkmark icon. A red arrow points from the 'Patient Volumes' tab to the 'Attestation' tab. Below the navigation bar, a large green circular icon with a white checkmark is displayed. To the right of this icon, the following text is shown: 'You have now completed the **Patient Volumes** section of the application. You may revisit the section at any time to make corrections until such time as you actually **Submit** the application. The **Attestation** section of the application is now available. Before submitting your application, please review the information that you have provided in this section, and all previous sections.' At the bottom of this message box, there is a button labeled 'Continue', which is circled in red.

Step 5 – Attestation

This section will ask you to provide information about your EHR System Adoption Phase. The Adoption phase for 2019 is Meaningful Use.

This initial Attestation screen provides information about this section.

Note

The Adoption, Implementation, and Upgrade phases are not available in 2019.

Click **Begin** to continue to the Attestation section.

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

In this portion of MAPIR, you will need to attest to various incentive program participation requirements, including your EHR adoption phase and hospital liability. You will also need to provide information regarding your certified EHR system and verify your payment destinations.

EHR System Adoption Phase

You will be asked to confirm whether the hospital is adopting, implementing, or upgrading (AIU) federally-certified EHR technology. For implement or upgrade, you will need to describe whether tasks are Planned/In Progress or Complete.

Meaningful Use - ONLY hospitals that are 1) dually eligible for both the Medicare and Medicaid EHR incentive programs and 2) attesting to Meaningful Use under Medicare in 2011 should attest to meaningful use in MAPIR. If you do not meet both these requirements, please select A,I, or U.

Hospital Liability

The eligible hospital for which the payment is being requested is responsible and liable for any errors or falsifications provided in this attestation process. The eligible hospital, and not the contact for the application process or the preparer of the application, will be held accountable for any incorrect information or overpayments.

Once your attestation is complete, you will be directed to the Review tab.

Please review all information for accuracy and completeness and revise your application as needed. **Note: Once you have submitted your application, you cannot make any changes.**

MAPIR will provide validation messages to assist you with the application. These messages will be displayed once you move to the **Submit tab**.

If you have completed your application and are ready to proceed, you **MUST** click the Submit tab.

Begin

Meaningful Use Phase

Select an EHR System Adoption Phase for reporting Meaningful Use of Certified EHR Technology. The selections available to you will depend on the CEHRT ID entered.

MAPIR will display the applicable stage options available unless a default has been set.

The default for Program Year 2019 is set to Meaningful Use (90 days).

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

The screenshot displays the 'Attestation Phase (Part 1 of 3)' interface. At the top, there are input fields for 'Name', 'Applicant NPI', 'Personal TIN/SSN', 'Payee TIN', 'Payment Year', and 'Program Year'. Below these fields is a progress bar with buttons: 'Get Started', 'R&A/Contact Info' (checked), 'Eligibility' (checked), 'Patient Volumes' (checked), 'Attestation' (active), 'Review', and 'Submit'. The main content area is titled 'Attestation Phase (Part 1 of 3)' and contains the instruction: 'Please select the appropriate EHR System Adoption Phase below. The selection that you make will determine the questions that you will be asked on subsequent pages.' A blue box provides guidance: 'When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.' Below this, the 'Meaningful Use (90 days)' option is selected, with a description: 'You are capturing meaningful use measures using certified EHR technology at locations where at least 50% of the patient encounters are provided.' At the bottom, there are three buttons: 'Previous', 'Reset', and 'Save & Continue' (which is circled in red).

The Attestation EHR Reporting Period (Part 1 of 3) screen will display the 90-day period and the full year period. For Program Year 2019 or higher incentive applications, the default EHR Reporting Period will be a continuous 90-day period.

Enter a Start Date or use the calendar located to the right of the **Start Date** field.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Name
CCN
Payment Year

NPI
Hospital TIN
Program Year

Get Started **R&A/Contact Info** **Eligibility** **Patient Volumes** **Attestation** **Review** **Submit**

Attestation EHR Reporting Period (Part 1 of 3)

Please enter the **Start Date** of the EHR Reporting Period. The EHR Reporting Period is any continuous 90-day period within a payment year in which an Eligible Hospital or Critical Access Hospital demonstrates meaningful use of certified EHR technology.

Note: The end date of the continuous 90-day period will be calculated based on the start date entered.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

***Start Date:** 10/01/2019
mm/dd/yyyy

Previous **Reset** **Save & Continue**

A system calculated end date of 90 days will be generated from your chosen **Start Date**.

Click **Save & Continue** to review your selection or click **Previous** to go back.

Name
CCN
Payment Year

NPI
Hospital TIN
Program Year

Get Started **R&A/Contact Info** **Eligibility** **Patient Volumes** **Attestation** **Review** **Submit**

Attestation EHR Reporting Period (Part 1 of 3)

Please review the **Start Date** and **End Date** of the EHR Reporting Period. The EHR Reporting Period is any continuous 90-day period within a payment year in which an Eligible Hospital or Critical Access Hospital demonstrates meaningful use of certified EHR technology.

Note: The end date of the continuous 90-day period will be calculated based on the start date entered.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.

Start Date: Oct 01, 2019
End Date: Dec 29, 2019

Previous **Save & Continue**

Meaningful Use General Requirements

Answer all the following questions and select either the **Yes** or **No** radio buttons.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name
CCN
Payment Year

NPI
Hospital TIN
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Attestation Meaningful Use Measures

Please answer the following questions to determine your eligibility for the EHR Medicaid Incentive Payment Program.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* Do at least 80% of unique patients have their data in the certified EHR during the EHR reporting period? ☒ Yes ☐ No ?

Previous
Reset
Save & Continue

If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.

Name

CCN

Payment Year

NPI

Hospital TIN

Program Year

Get Started

R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☒

Attestation ☐

Review

Submit

Attestation Meaningful Use Objectives

Meaningful use measures are grouped into topics. Please complete all of the following topic areas: Meaningful Use Objectives (0-7), Required Public Health Objective (8), and Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **Begin** button. To modify a topic where entries have been made, select the **EDIT** button for a topic to modify any previously entered information. Select **Previous** to return.

Completed?	Topics	Progress	Action
	Meaningful Use Objectives (0-7)	8/8	<div style="display: inline-block; border: 1px solid #ccc; padding: 2px 5px; margin: 2px;">EDIT</div> <div style="display: inline-block; border: 1px solid #ccc; padding: 2px 5px; margin: 2px;">Clear All</div>
	Required Public Health Objective (8)		<div style="display: inline-block; border: 1px solid #ccc; padding: 2px 5px; margin: 2px;">Begin</div>

< Custom defined configurable item >

Manual Clinical Quality Measures	<div style="display: inline-block; border: 1px solid #ccc; padding: 2px 5px; margin: 2px;">Select</div>
Electronic Clinical Quality Measures	<div style="display: inline-block; border: 1px solid #ccc; padding: 2px 5px; margin: 2px;">Select</div>

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous

Save & Continue

Meaningful Use – Objectives and Measures

The screen on the following page displays the Measures Topic List. The Attestation Meaningful Use Objectives are divided into two distinct topics: Meaningful Use Objectives and the Required Public Health Objective. The Manual Clinical Quality Measures are further divided into 2 topics, of which one must be selected: Clinical Quality Measures and Electronic Clinical Quality Measures.

You may complete any of the three topics in any order.

While it is not required that you begin each topic in the order shown on the screen, this user guide will follow the order in which the topics are listed.

Click **Begin** to start a topic.

Name
CCN
Payment Year

NPI
Hospital TIN
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Attestation Meaningful Use Objectives

Meaningful use measures are grouped into topics. Please complete all of the following topic areas: Meaningful Use Objectives (0-7), Required Public Health Objective (8), and Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **Begin** button. To modify a topic where entries have been made, select the **EDIT** button for a topic to modify any previously entered information. Select **Previous** to return.

Completed?	Topics	Progress	Action
	Meaningful Use Objectives (0-7)		Begin
	Required Public Health Objective (8)		Begin
	Manual Clinical Quality Measures		Select
	Electronic Clinical Quality Measures		Select

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous
Save & Continue

Figure 0-1: Stage 3 Measures Topic List

Stage 3 MU

Meaningful Use Objectives

The screen below displays the Measures Topic List. The Attestation Meaningful Use Objectives are divided into three distinct topics: Meaningful Use Objectives (0-7), Required Public Health Objective (8), Manual Clinical Quality Measures or Electronic Clinical Quality Measures.

You may select any of the three topics and complete them in any order. All three topics must be completed.

Click **Begin** to start a topic.

Name
CCN
Payment Year

NPI
Hospital TIN
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Attestation Meaningful Use Objectives

Meaningful use measures are grouped into topics. Please complete all of the following topic areas: Meaningful Use Objectives (0-7), Required Public Health Objective (8), and Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **Begin** button. To modify a topic where entries have been made, select the **EDIT** button for a topic to modify any previously entered information. Select **Previous** to return.

Completed?	Topics	Progress	Action
	Meaningful Use Objectives (0-7)		Begin
	Required Public Health Objective (8)		Begin
	Clinical Quality Measures		Begin

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous
Save & Continue

Meaningful Use Objectives (0-7)

This screen provides information about the Stage 3 Meaningful Use Objectives.

Please note that the Meaningful Use Core Measures have been replaced with Meaningful Use Objectives (0-7).

Click **Begin** to continue to the Meaningful Use Objective List Table.

Name	NPI
CCN	Hospital TIN
Payment Year	Program Year
Get Started R&A/Contact Info <input checked="" type="checkbox"/> Eligibility <input checked="" type="checkbox"/> Patient Volumes <input checked="" type="checkbox"/> Attestation <input checked="" type="checkbox"/> Review Submit <input type="checkbox"/>	<div> <div>Begin</div> </div>

Meaningful Use Objective List Table

The screen on the following page displays the Meaningful Use Objective List Table.

The first time a topic is accessed you will see an **Edit** option for each measure.

Once information is successfully entered and saved for a measure it will be displayed in the **Entered** column on this screen.

Click **Edit** to enter or edit information for a measure or click **Return to Main** and return to the Topic List.

Name
CCN
Payment Year

NPI
Hospital TIN
Program Year

Get Started

R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☒

Attestation ☒

Review

Submit

Attestation Meaningful Use Objectives

To edit information, select the **"EDIT"** button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all objectives have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Meaningful Use Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 0	Activities related to supporting providers with the performance of Certified EHR Technology: 1. Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received? 2. Did you or your organization receive a request for an ONC direct review of your health information technology certified under the ONC Health IT Certification Program? If yes, did you and your organization cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by you in the field. 3. In addition, do you and your organization acknowledge the option to cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received?			

Figure 0-2: Meaningful Use Objective List Table (Part 1 of 5)

Objective 1	Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology through the implementation of appropriate technical, administrative, and physical safeguards.	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by Certified EHR Technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process.		EDIT
Objective 2	Generate and transmit permissible discharge prescriptions electronically (eRx).	More than 25 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology.		EDIT
Objective 3	Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.	Implement five clinical decision support interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. Absent four CQMs related to an eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.		EDIT
Objective 4	Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.	More than 60 percent of medication orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry. More than 60 percent of laboratory orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry. More than 60 percent of diagnostic imaging orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.		EDIT

Figure 0-4: Meaningful Use Objective List Table (Part 3 of 5)

Objective 5	The eligible hospital or CAH provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.	For more than 80 percent of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23): (1) The patient (or patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the API in the provider's Certified EHR Technology. The eligible hospital or CAH must use clinically relevant information from Certified EHR Technology to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.		EDIT
Objective 6	Use Certified EHR Technology to engage with patients or their authorized representatives about the patient's care. Providers must attest to all three measures, but must only meet the thresholds for two of the three measures to pass the objective.	During the EHR reporting period, more than 5 percent of all unique patients (or their authorized representatives) discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) actively engage with the electronic health record made accessible by the provider and either: (1) View, download or transmit to a third party their health information, (2) Access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the provider's Certified EHR Technology, or (3) A combination of (1) and (2). For more than 5 percent of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period, a secure message was sent using the electronic messaging function of Certified EHR Technology to the patient (or the patient authorized representative), or in response to a secure message sent by the patient or their authorized representative. Patient generated health data or data from a nonclinical setting is incorporated into the Certified EHR Technology for more than 5 percent of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.		EDIT

Figure 0-5: Meaningful Use Objective List Table (Part 4 of 5)

Objective 7	The eligible hospital or CAH provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of Certified EHR Technology. Provider must attest to the measure(s) listed below.	For more than 50 percent of transitions of care and referrals, the eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care: (1) Creates a summary of care record using Certified EHR Technology; and (2) electronically exchanges the summary of care record. For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the eligible hospital or CAH incorporates into the patient's EHR an electronic summary of care document. For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the eligible hospital or CAH performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets: (1) Medication: Review of the patient's medication, including the name, dosage, frequency, and route of each medication. (2) Medication allergy: Review of the patient's known medication allergies. (3) Current Problem list: Review of the patient's current and active diagnoses.	EDIT
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[Return to Main](#)

Figure 0-6: Meaningful Use Objective List Table (Part 5 of 5)

Objective 0 – ONC Questions

Enter information in all required fields

Click **Save & Continue** to proceed to the appropriate objective screen for the option you selected or click **Previous** to go back. Click **Reset** to remove any information entered prior to selecting **Save & Continue**.

Name
CCN
Payment Year

NPI
Hospital TIN
Program Year

Get Started
RBA/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Attestation Meaningful Use Objectives

Objective 0 – ONC Questions

[Click HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go back. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Activities related to supporting providers with the performance of Certified EHR Technology:

*1. Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received?
☐ Yes ☐ No

*2. Did you or your organization receive a request for a ONC direct review of your health information technology certified under the ONC Health IT Certification Program?
☐ Yes ☐ No

If you answered No on the question above, the below question is not applicable and should be left blank.

If yes, did you and your organization cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by you in the field?
☐ Yes ☐ No

*3. In addition, do you and your organization acknowledge the option to cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received?
☐ Yes ☐ No ☐ Decline to answer

*4. Did you or your organization receive a request to assist in ONC - ACB surveillance of your health information technology certified under the ONC Health IT Certification Program?
☐ Yes ☐ No ☐ Decline to answer

If you answered No or Decline to Answer on the question above, the below question is not applicable and should be left blank.

If yes, did you and your organization cooperate in good faith with ONC-ACB surveillance your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by you in the field?
☐ Yes ☐ No ☐ Decline to answer

Actions related to supporting information exchange and the prevention of health information blocking:

*1. Did you or your organization knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology?
☐ Yes ☐ No

*2. Did you or your organization implement technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the Certified EHR Technology was, at all relevant times:

(i) Connected in accordance with applicable law;
☐ Yes ☐ No

(ii) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170;
☐ Yes ☐ No

(iii) Implemented in a manner that allowed for timely access by patients to their electronic health information;
☐ Yes ☐ No

(iv) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300j(3)), including unaffiliated providers, and with disparate Certified EHR Technology and vendors.
☐ Yes ☐ No

*3. Respond in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300j(3)), and other persons, regardless of the requestor's affiliation or technology vendor?
☐ Yes ☐ No

Previous
Clear All Entries
Save & Continue

Objective 1 – Protect Patient Health Information

Enter information in all required fields

Click **Save & Continue** to proceed to the appropriate objective screen for the option you selected or click **Previous** to go back. Click **Reset** to remove any information entered prior to selecting **Save & Continue**.

Name
CCN
Payment Year

NPI
Hospital TIN
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Attestation Meaningful Use Objectives

Objective 1 – Protect Patient Health Information

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology through the implementation of appropriate technical, administrative, and physical safeguards.

Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by Certified EHR Technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process.

***Did you meet this measure?**
☐ Yes ☐ No

If 'Yes', please enter the following information:

Date (MM/DD/YYYY):

Name and Title (Person who conducted or reviewed the security risk analysis):

Previous
Reset
Save & Continue

Objective 2 – Electronic Prescribing

Enter information in all required fields

Click **Save & Continue** to proceed to the appropriate objective screen for the option you selected or click **Previous** to go back. Click **Reset** to remove any information entered prior to selecting **Save & Continue**.

Name
CCN
Payment Year

NPI
Hospital TIN
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Attestation Meaningful Use Objectives

Objective 2 – Electronic Prescribing

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Generate and transmit permissible discharge prescriptions electronically (eRx).

Measure: More than 25 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using Certified EHR Technology.

*** PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.

☐ This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.
☐ This data was extracted only from patient records maintained using Certified EHR Technology.

EXCLUSION: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their EHR reporting period.

***Does this exclusion apply to you?**

☐ Yes ☐ No

If the exclusion does not apply to you, complete entries in the Numerator and Denominator.

Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically.
Denominator: The number of new or changed prescriptions written for drugs requiring a prescription in order to be dispensed, other than controlled substances, for patients discharged during the EHR reporting period.

Numerator: Denominator:

Previous
Reset
Save & Continue

Objective 3 – Clinical Decision Support

Enter information in all required fields

Click **Save & Continue** to proceed to the appropriate objective screen for the option you selected or click **Previous** to go back. Click **Reset** to remove any information entered prior to selecting **Save & Continue**.

Name
CCN
Payment Year

NPI
Hospital TIN
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Attestation Meaningful Use Objectives

Objective 3 – Clinical Decision Support

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.

Measure 1: Implement five clinical decision support interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. Absent four CQMs related to an eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

*Did you meet this measure?
☐ Yes ☐ No

Measure 2: The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

*Did you meet this measure?
☐ Yes ☐ No

Previous
Reset
Save & Continue

Objective 4 – Computerized Provider Order Entry (CPOE)

Enter information in all required fields

Click **Save & Continue** to proceed to the appropriate objective screen for the option you selected or click **Previous** to go back. Click **Reset** to remove any information entered prior to selecting **Save & Continue**.

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Objective 4 – Computerized Provider Order Entry (CPOE)

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.

* **PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.

☐ This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.

☐ This data was extracted only from patient records maintained using Certified EHR Technology.

Measure 1: More than 60 percent of medication orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

Numerator 1: The number of orders in the denominator recorded using CPOE.

Denominator 1: Number of medication orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator 1: * Denominator 1:

Measure 2: More than 60 percent of laboratory orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

Numerator 2: The number of orders in the denominator recorded using CPOE.

Denominator 2: Number of laboratory orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator 2: * Denominator 2:

Measure 3: More than 60 percent of diagnostic imaging orders created by the authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

Numerator 3: The number of orders in the denominator recorded using CPOE.

Denominator 3: Number of diagnostic imaging orders created by the authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

* Numerator 3: * Denominator 3:

Previous
Reset
Save & Continue

Objective 5 – Patient Electronic Access to Health Information

Enter information in all required fields

Click **Save & Continue** to proceed to the appropriate objective screen for the option you selected or click **Previous** to go back. Click **Reset** to remove any information entered prior to selecting **Save & Continue**.

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Objective 5 – Patient Electronic Access to Health Information

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.

Exclusion: Any eligible hospital or CAH located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude from the measures.

* Does this exclusion apply to you? If 'Yes', do not complete Measure 1 and 2. If 'No', complete Measure 1 and 2.

☐ Yes ☐ No

Measure 1: For more than 80 percent of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23): (1) The patient (or patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the API in the provider's Certified EHR Technology.

Numerator 1: The number of patients in the denominator (or patient-authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured to meet the technical specifications of the API in the provider's Certified EHR Technology.

Denominator 1: The number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator 1: **Denominator 1:**

Measure 2: The eligible hospital or CAH must use clinically relevant information from Certified EHR Technology to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator 2: The number of patients in the denominator who were provided electronic access to patient-specific educational resources using clinically relevant information identified from Certified EHR Technology during the EHR reporting period.

Denominator 2: The number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator 2: **Denominator 2:**

Previous
Reset
Save & Continue

Objective 6 – Coordination of Care Through Patient Engagement

Enter information in all required fields

Click **Save & Continue** to proceed to the appropriate objective screen for the option you selected or click **Previous** to go back. Click **Reset** to remove any information entered prior to selecting **Save & Continue**.

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Objective 6 - Coordination of Care Through Patient Engagement

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: Use Certified EHR Technology to engage with patients or their authorized representatives about the patient's care. Providers must attest to all three measures, but must only meet the thresholds for two of the three measures to pass the objective.

Exclusion: Any eligible hospital or CAH will be excluded from the measure if it is located in a county that does not have 50 percent or more of their housing units with 4Mbps broadband availability according to the latest information available from the FCC at the start of the EHR reporting period.

* Does this exclusion apply to you? If 'Yes', do not complete Measures 1, 2 and 3. If 'No', complete Measures 1,2 and 3.

☐ Yes ☐ No

Measure 1: During the EHR reporting period, more than 5 percent of all unique patients (or their authorized representatives) discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) actively engage with the electronic health record made accessible by the provider and either: (1) View, download or transmit to a third party their health information, (2) Access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the provider's Certified EHR Technology, or (3) A combination of (1) and (2).

Numerator 1: The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information during the EHR reporting period and the number of unique patients (or their authorized representatives) in the denominator who have accessed their health information through the use of an API during the EHR reporting period.

Denominator 1: The number of unique patients discharged from an eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator 1: **Denominator 1:**

Measure 2: For more than 5 percent of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period, a secure message was sent using the electronic messaging function of Certified EHR Technology to the patient (or the patient authorized representative), or in response to a secure message sent by the patient or their authorized representative.

Numerator 2: The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative) or in response to a secure message sent by the patient (or patient-authorized representative), during the EHR reporting period.

Denominator 2: The number of unique patients discharged from an eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator 2: **Denominator 2:**

Measure 3: Patient generated health data or data from a nonclinical setting is incorporated into the Certified EHR Technology for more than 5 percent of all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator 3: The number of patients in the denominator for whom data from non-clinical settings, which may include patient-generated health data, is captured through the Certified EHR Technology into the patient record during the EHR reporting period.

Denominator 3: The number of unique patients discharged from an eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Numerator 3: **Denominator 3:**

Previous
Reset
Save & Continue

Objective 7 – Health Information Exchange (HIE) - Exclusion

Enter information in all required fields

Click **Save & Continue** to proceed to the appropriate objective screen for the option you selected or click **Previous** to go back. Click **Reset** to remove any information entered prior to selecting **Save & Continue**.

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Objective 7 – Health Information Exchange

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Based on the selections you make below you may be required to provide more information.

Exclusion 1: Any eligible hospital or CAH located in a county that does not have 50 percent or more of their housing units with 4Mbps broadband availability according to the latest information available from the FCC at the start of the EHR reporting period.

* Does the exclusion apply to you?

☐ Yes ☐ No

Exclusion 2: Any eligible hospital or CAH for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, is fewer than 100 during the EHR reporting period.

* Does the exclusion apply to you?

☐ Yes ☐ No

Previous Reset **Save & Continue**

Figure 0-7: Health Information Exchange (HIE) exclusions

Note

If additional information is required, after answering the HIE exclusions, then MAPIR will navigate to the following screen when **Save & Continue** is selected.

The following measures will display on the Objective 7 - Health Information Exchange screen, **ONLY WHEN** specific exclusions have been selected on the previous Objective 7 – Health Information Exchange screen.

Note

For example if Exclusion 1 and 2 were both answered “Yes” then the following screen will not display.

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Objective 7 - Health Information Exchange

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Based on your exclusion selections from the previous screen you are required to provide the following information.

Objective: The eligible hospital or CAH provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of Certified EHR Technology. Provider must attest to the measure(s) listed below.

Measure 1: For more than 50 percent of transitions of care and referrals, the eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care: (1) Creates a summary of care record using Certified EHR Technology; and (2) electronically exchanges the summary of care record.

Numerator 1: The number of transitions of care and referrals in the denominator where a summary of care record was created using Certified EHR Technology and exchanged electronically.

Denominator 1: Number of transitions of care and referrals during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.

* Numerator 1: * Denominator 1:

Measure 2: For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the eligible hospital or CAH incorporates into the patient's EHR an electronic summary of care document.

Numerator 2: Number of patient encounters in the denominator where an electronic summary of care record received is incorporated by the provider into the Certified EHR Technology.

Denominator 2: Number of patient encounters during the EHR reporting period for which an eligible hospital or CAH was the receiving party of a transition or referral or has never before encountered the patient and for which an electronic summary of care record is available.

* Numerator 2: * Denominator 2:

Measure 3: For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the eligible hospital or CAH performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets: (1) Medication: Review of the patient's medication, including the name, dosage, frequency, and route of each medication. (2) Medication allergy: Review of the patient's known medication allergies. (3) Current Problem list: Review of the patient's current and active diagnoses.

Numerator 3: The number of transitions of care or referrals in the denominator where the following three clinical information reconciliations were performed: Medication list, medication allergy list, and current problem list.

Denominator 3: Number of transitions of care or referrals during the EHR reporting period for which the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) was the recipient of the transition or referral or has never before encountered the patient.

* Numerator 3: * Denominator 3:

Previous
Reset
Save & Continue

Figure 0-8: Health Information Exchange (HIE) results

After you enter information for an objective, click the **Save & Continue** button. You will be returned to the Meaningful Use Objectives List Table. The information you entered for that measure will be displayed in the Entered column of the table as shown in the example below (please note that the entire screen is not displayed in this example).

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To edit information, select the **"EDIT"** button next to the objective that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all objectives have been edited and you are satisfied with the entries, select the **"Return to Main"** button to access the main attestation topic list.

Meaningful Use Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 0	Activities related to supporting providers with the performance of Certified EHR Technology: 1. Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received? 2. Did you or your organization receive a request for an ONC direct review of your health information technology certified under the ONC Health IT Certification Program? If		Activities related to supporting providers with the performance of Certified EHR Technology: Question 1 = Yes Question 2 = Yes Yes Question 3 = Yes Question 4 = Yes Yes Actions related to supporting information exchange and the prevention of health information blocking: Question 1 = No Question 2 = Yes Yes Yes Yes Question 3 = Yes	

If all objectives were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic or click **Clear All** to clear the topic information you entered. Click **Begin** to start the next topic.

To access the Required Public Health Objective, click the **Begin** button on the Meaningful Use Objectives Dashboard.

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Attestation Meaningful Use Objectives

Meaningful use measures are grouped into topics. Please complete all of the following topic areas: Meaningful Use Objectives (0-7), Required Public Health Objective (8), and Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **Begin** button. To modify a topic where entries have been made, select the **EDIT** button for a topic to modify any previously entered information. Select **Previous** to return.

Completed?	Topics	Progress	Action
	Meaningful Use Objectives (0-7)	8/8	<div style="display: flex; flex-direction: column; align-items: center;"> <div>EDIT</div> <div>Clear All</div> </div>
	Required Public Health Objective (8)		<div style="border: 2px solid red; border-radius: 50%; padding: 5px; display: inline-block;">Begin</div>
	Manual Clinical Quality Measures		<div>Select</div>
	Electronic Clinical Quality Measures		<div>Select</div>

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous

Save & Continue

Stage 3 Required Public Health Objective (8)

This initial screen provides information about the Stage 3 Required Public Health Objective.

Click **Begin** to continue to the Meaningful Use Menu Measure Selection screen.]

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Get Started	R&A/Contact Info <input checked="" type="checkbox"/>	Eligibility <input checked="" type="checkbox"/>	Patient Volumes <input checked="" type="checkbox"/>	Attestation <input checked="" type="checkbox"/>	Review	Submit <input checked="" type="checkbox"/>
<div>Begin</div>						

Required Public Health Objective Selection

Instructions for passing the Required Public Health Objective are provided on screen.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

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Attestation Meaningful Use Objectives

Providers are required to successfully attest to four Public Health Options without taking an exclusion. Select the four Options for attestation without taking an exclusion. Options 4 and 5 may be used four times to attest. If you cannot successfully attest to any Option, or can only successfully attest to three Options, then select Options 1, 2, 3, 4A, 5A, and 6.

Note: selecting all exclusions does not mean the Objective fails.

When all options have been edited and you are satisfied with the entries, select **"Return to Main"** button to access the main attestation topic list.

Required Public Health Objective List Table			
Objective Number	Objective	Measure	Select
Objective 8 Option 1	The eligible hospital or CAH is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 1-Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).	<input type="checkbox"/>
Objective 8 Option 2	The eligible hospital or CAH is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The EH is in active engagement with a public health agency to submit syndromic surveillance data.	<input type="checkbox"/>
Objective 8 Option 3	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 3 - Electronic Case Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit case reporting of reportable conditions.	<input type="checkbox"/>
Objective 8 Option 4A	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	<input type="checkbox"/>

Figure 0-9: Required Public Health Objective Selection screen (Part 1 of 2)

Objective 8 Option 4B	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	<input type="checkbox"/>
Objective 8 Option 4C	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	<input type="checkbox"/>
Objective 8 Option 4D	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	<input type="checkbox"/>
Objective 8 Option 5A	The eligible hospital or CAH is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	<input type="checkbox"/>
Objective 8 Option 5B	The eligible hospital or CAH is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	<input type="checkbox"/>
Objective 8 Option 5C	The eligible hospital or CAH is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	<input type="checkbox"/>
Objective 8 Option 5D	The eligible hospital or CAH is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	<input type="checkbox"/>
Objective 8 Option 6	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 6 - Electronic Reportable Laboratory Result Reporting: The eligible hospital and CAH is in active engagement with a public health agency to submit electronic reportable laboratory results.	<input type="checkbox"/>

Return to Main
Reset
Save & Continue

Figure 0-10: Required Public Health Objective Selection screen (Part 2 of 2)

Required Public Health Objective Worksheet

Click **Edit** to enter Objective Option. Click **Return to Selection List** to review options.

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To edit information, select the "EDIT" button next to the public health option that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all public health options have been edited and you are satisfied with the entries, select the "Return to Selection List" button to access the main attestation topic list.

Required Public Health Objective List Table

Objective Number	Objective	Measure	Entered	Select
Objective 8 Option 1	The eligible hospital or CAH is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 1- Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).		<input type="button" value="EDIT"/>
Objective 8 Option 2	The eligible hospital or CAH is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The EH is in active engagement with a public health agency to submit syndromic surveillance data.		<input type="button" value="EDIT"/>
Objective 8 Option 3	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 3 - Electronic Case Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit case reporting of reportable conditions.		<input type="button" value="EDIT"/>
Objective 8 Option 4A	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.		<input type="button" value="EDIT"/>

Figure 0-11: Required Public Health Objective Worksheet (Part 1 of 2)

Objective 8 Option 4B	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	EDIT
Objective 8 Option 4C	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	EDIT
Objective 8 Option 4D	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	EDIT
Objective 8 Option 5A	The eligible hospital or CAH is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	EDIT
Objective 8 Option 5B	The eligible hospital or CAH is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	EDIT
Objective 8 Option 5C	The eligible hospital or CAH is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	EDIT
Objective 8 Option 5D	The eligible hospital or CAH is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	EDIT
Objective 8 Option 6	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 6 - Electronic Reportable Laboratory Result Reporting: The eligible hospital and CAH is in active engagement with a public health agency to submit electronic reportable laboratory results.	EDIT

[Return to Selection List](#)

Figure 0-12: Required Public Health Objective Worksheet (Part 2 of 2)

Objective 8 Option 1 – Immunization Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

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Attestation Meaningful Use Objectives

Objective 8 Option 1 – Immunization Registry Reporting

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 1-Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

*Does this option apply to you?
☐ Yes ☐ No

If 'Yes', enter the name of the immunization registry used below.

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data
☐ Testing and validation
☐ Production

EXCLUSION: If Option 1 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any eligible hospital or CAH that meets one of the following criteria may be excluded from the objective.

Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period.
☐ Yes ☐ No

Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
☐ Yes ☐ No

Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the EHR reporting period.
☐ Yes ☐ No

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Save & Continue

Objective 8 Option 2 – Syndromic Surveillance Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

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Objective 8 Option 2 – Syndromic Surveillance Reporting

i Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.

Measure: Option 2 - Syndromic Surveillance Reporting: The EH is in active engagement with a public health agency to submit syndromic surveillance data.

*Does this option apply to you?

☐ Yes ☐ No

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

EXCLUSION: If Option 2 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any eligible hospital or CAH that meets one of the following criteria may be excluded from the objective.

Does not have an emergency or urgent care department.

☐ Yes ☐ No

Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.

☐ Yes ☐ No

Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs as of 6 months prior to the start of EHR reporting period.

☐ Yes ☐ No

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Objective 8 Option 3 – Electronic Case Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Note

On March 2018 CMS determined that Measure 3 Electronic Case Reporting would not be required when an exclusion was chosen, and the minimum number of Objectives had not been successfully attested to until Program Year 2019.

Beginning with Program Year 2019 and higher, Electronic Case Reporting is required when an exclusion is chosen, and the minimum number of Objectives has not been successfully attested to.

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Objective 8 Option 3 - Electronic Case Reporting

[Click HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go back. Click **Clear All Entries** to remove entered data.

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 3 - Electronic Case Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit case reporting of reportable conditions.

*Does this option apply to you?
☐ Yes ☐ No

If 'Yes', enter the name of the public health registry used below.

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data
☐ Testing and validation
☐ Production

EXCLUSION: If Option 3 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any eligible hospital or CAH that meets one of the following criteria may be excluded from the objective.

Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the EHR reporting period.
☐ Yes ☐ No

Operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
☐ Yes ☐ No

Operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the EHR reporting period.
☐ Yes ☐ No

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Objective 8 Option 4A – Public Health Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

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Objective 8 Option 4A - Public Health Registry Reporting

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.

*Does this option apply to you?
☐ Yes ☐ No

If 'Yes', enter the name of the public health registry used below.

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data
☐ Testing and validation
☐ Production

EXCLUSION: If Option 4 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any eligible hospital or CAH that meets one of the following criteria may be excluded from the objective.

Does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period.
☐ Yes ☐ No

Operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
☐ Yes ☐ No

Operates in a jurisdiction where no public health registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.
☐ Yes ☐ No

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Objective 8 Option 4B – Public Health Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

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Objective 8 Option 4B – Public Health Registry Reporting

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.

*Enter the name of the public health registry used below.

***Active Engagement Options:** Select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

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Objective 8 Option 4C – Public Health Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

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Objective 8 Option 4C - Public Health Registry Reporting

Click [HERE](#) to review CMS Guidelines for this measure.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.

*Enter the name of the public health registry used below.

***Active Engagement Options:** Select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

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Objective 8 Option 4D – Public Health Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

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Objective 8 Option 4D - Public Health Registry Reporting

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.

*Enter the name of the public health registry used below.

*Active Engagement Options: Select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

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Objective 8 Option 5A – Clinical Data Registry

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

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Objective 8 Option 5A - Clinical Data Registry

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.

*Does this option apply to you?
☐ Yes ☐ No

If 'Yes', enter the name of the clinical data registry used below.

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

EXCLUSION: If Option 5 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any eligible hospital or CAH that meets one of the following criteria may be excluded from the objective.

Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period.
☐ Yes ☐ No

Operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.
☐ Yes ☐ No

Operates in a jurisdiction where no clinical data registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.
☐ Yes ☐ No

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Objective 8 Option 5B – Clinical Data Registry

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

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Objective 8 Option 5B - Clinical Data Registry

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.

*Enter the name of the clinical data registry used below.

*Active Engagement Options: Select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

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Objective 8 Option 5C – Clinical Data Registry

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

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Objective 8 Option 5C - Clinical Data Registry

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.

*Enter the name of the clinical data registry used below.

*Active Engagement Options: Select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

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Objective 8 Option 5D – Clinical Data Registry

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

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Objective 8 Option 5D - Clinical Data Registry

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.

*Enter the name of the clinical data registry used below.

***Active Engagement Options:** Select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

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Objective 8 Option 6 – Electronic Reportable Laboratory Results Reporting

Enter information in all required fields.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

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Objective 8 Option 6 - Electronic Reportable Laboratory Results Reporting

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Objective: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 6 - Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results.

*Does this option apply to you?

☐ Yes ☐ No

If 'Yes', enter the name of the electronic reportable laboratory registry used below.

Active Engagement Options: If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

EXCLUSION: If Option 6 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any eligible hospital or CAH that meets one of the following criteria may be excluded from the objective.

Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period.

☐ Yes ☐ No

Operates in a jurisdiction for which no public health agency is capable of accepting the specific ELR standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.

☐ Yes ☐ No

Operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from an eligible hospital or CAH as of 6 months prior to the start of the EHR reporting period.

☐ Yes ☐ No

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After you enter information for an option for Objective 8 and click **Save & Continue**, you will return to the Required Public Health Objective List Table. The information you entered for that Objective 8 option will be displayed in the Entered column of the table as shown in the example below.

Note

Click the **Edit** button in the Select column any point prior to submitting the application to edit an Objective 8 option.

Once you have attested to all the Objective 8 options, click **Return to Selection List** to return to the Public Health Selection screen.

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To edit information, select the **"EDIT"** button next to the public health option that you would like to edit. All successfully submitted progress on entry of measures will be retained if your session is terminated.

When all public health options have been edited and you are satisfied with the entries, select the **"Return to Selection List"** button to access the main attestation topic list.

Required Public Health Objective List Table				
Objective Number	Objective	Measure	Entered	Select
Objective 8 Option 1	The eligible hospital or CAH is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 1-Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).	Measure Option 1 = Yes Registry Name = abc Active Engagement Option = Completed registration to submit data	EDIT
Objective 8 Option 2	The eligible hospital or CAH is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.	Measure Option 2 = Yes Active Engagement Option = Completed registration to submit data	EDIT
Objective 8 Option 3	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 3 - Electronic Case Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit case reporting of reportable conditions.	Measure Option 3 = Yes Registry Name = abc Active Engagement Option = Completed registration to submit data	EDIT
Objective 8 Option 4A	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	Measure Option 4A = Yes Registry Name = abc Active Engagement Option = Testing and validation	EDIT

Figure 0-13: Required Public Health Objective List Table (Part 1 of 2)

Objective 8 Option 4B	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	Measure Option 4B = Yes Registry Name = test Active Engagement Option = Production	EDIT
Objective 8 Option 4C	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	Measure Option 4C = Yes Registry Name = test Active Engagement Option = Production	EDIT
Objective 8 Option 4D	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	Measure Option 4D = Yes Registry Name = test Active Engagement Option = Production	EDIT
Objective 8 Option 5A	The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	Measure Option 5A = Yes Registry Name = test Active Engagement Option = Production	EDIT
Objective 8 Option 5B	The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	Measure Option 5B = Yes Registry Name = test Active Engagement Option = Production	EDIT
Objective 8 Option 5C	The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	Measure Option 5C = Yes Registry Name = test Active Engagement Option = Production	EDIT
Objective 8 Option 5D	The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	Measure Option 5D = Yes Registry Name = test Active Engagement Option = Production	EDIT
Objective 8 Option 6	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 6 - Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results.	Measure Option 6 = Yes Registry Name = test Active Engagement Option = Production	EDIT

[Return to Selection List](#)

Figure 0-14: Required Public Health Objective List Table (Part 2 of 2)

Click **Return to Main** to return to the Attestation Meaningful Use Objectives screen. Click **Save & Continue** to review your selection or click **Reset** to restore this panel to the starting point, or last saved data.

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Attestation Meaningful Use Objectives

Providers are required to successfully attest to four Public Health Options without taking an exclusion. Select the four Options for attestation without taking an exclusion. Options 4 and 5 may be used four times to attest. If you cannot successfully attest to any Option, or can only successfully attest to three Options, then select Options 1, 2, 3, 4A, 5A, and 6.

Note: selecting all exclusions does not mean the Objective fails.

When all options have been edited and you are satisfied with the entries, select **"Return to Main"** button to access the main attestation topic list.

Required Public Health Objective List Table

Objective Number	Objective	Measure	Select
Objective 8 Option 1	The eligible hospital or CAH is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 1-Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).	<input checked="" type="checkbox"/>
Objective 8 Option 2	The eligible hospital or CAH is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The EH is in active engagement with a public health agency to submit syndromic surveillance data.	<input checked="" type="checkbox"/>
Objective 8 Option 3	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 3 - Electronic Case Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit case reporting of reportable conditions.	<input checked="" type="checkbox"/>
Objective 8 Option 4A	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	<input checked="" type="checkbox"/>

Figure 0-15: Attestation Meaningful Use Objectives screen (Part 1 of 2)

Objective 8 Option 4B	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	<input checked="" type="checkbox"/>
Objective 8 Option 4C	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	<input checked="" type="checkbox"/>
Objective 8 Option 4D	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to public health registries.	<input checked="" type="checkbox"/>
Objective 8 Option 5A	The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	<input checked="" type="checkbox"/>
Objective 8 Option 5B	The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	<input checked="" type="checkbox"/>
Objective 8 Option 5C	The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	<input checked="" type="checkbox"/>
Objective 8 Option 5D	The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a clinical data registry.	<input checked="" type="checkbox"/>
Objective 8 Option 6	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 6 - Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results.	<input checked="" type="checkbox"/>

Return to Main Reset Save & Continue

Figure 0-16: Attestation Meaningful Use Objectives screen (Part 2 of 2)

If all options for Objective 8 were completed and saved, a check mark will display under the Completed column for the topic. You can continue to edit the topic objective after it has been marked complete.

Click the **Edit** button to further edit the topic or click **Clear All** to clear the topic information you entered. Click **Select** to start the Manual Clinical Quality Measures or Electronic Clinical Quality Measures.

Proceed to the Clinical Quality Measures (CQMs) – Stage 3 section.

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Attestation Meaningful Use Objectives

Meaningful use measures are grouped into topics. Please complete all of the following topic areas: Meaningful Use Objectives (0-7), Required Public Health Objective (8), and Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **Begin** button. To modify a topic where entries have been made, select the **EDIT** button for a topic to modify any previously entered information. Select **Previous** to return.

Completed?	Topics	Progress	Action
	Meaningful Use Objectives (0-7)	8/8	<div>EDIT</div> <div>Clear All</div>
	Required Public Health Objective (8)	4/4	<div>EDIT</div> <div>Clear All</div>
	Manual Clinical Quality Measures		<div>Select</div>
	Electronic Clinical Quality Measures		<div>Select</div>

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous

Save & Continue

Once Manual Clinical Quality Measures is selected, click **Begin**.

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Attestation Meaningful Use Objectives

Meaningful use measures are grouped into topics. Please complete all of the following topic areas: Meaningful Use Objectives (0-7), Required Public Health Objective (8), and Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **Begin** button. To modify a topic where entries have been made, select the **EDIT** button to modify any previously entered information. Select **Previous** to return.

Completed?	Topics	Progress	Action
	Meaningful Use Objectives (0-7)	8/8	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>
	Required Public Health Objective (8)	4/4	<div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">EDIT</div> <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">Clear All</div>

Manual Clinical Quality Measures

Clinical Quality Measures

Begin

Cancel and Choose Electronic

Cancel

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous

Save & Continue

Clinical Quality Measures (CQMs) – Stage 3

A check mark will display under the Completed column for the topic. You can continue to **EDIT** the topic measure after it has been marked complete. Click the **Select** button to choose Manual Clinical Quality Measures or Electronic Clinical Quality Measures.

Note

The selection of Electronic Clinical Quality Measures is configurable by states. If this configurable setting is disabled, then only Manual Clinical Quality Measures selection will be available.

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Attestation Meaningful Use Objectives

Meaningful use measures are grouped into topics. Please complete all of the following topic areas: Meaningful Use Objectives (0-7), Required Public Health Objective (8), and Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **Begin** button. To modify a topic where entries have been made, select the **EDIT** button for a topic to modify any previously entered information. Select **Previous** to return.

Completed?	Topics	Progress	Action
✓	Meaningful Use Objectives (0-7)	8/8	<div style="display: flex; gap: 5px;"> <div style="background-color: #4f81bd; color: white; padding: 2px 5px;">EDIT</div> <div style="background-color: #ccc; padding: 2px 5px;">Clear All</div> </div>
✓	Required Public Health Objective (8)	12/12	<div style="display: flex; gap: 5px;"> <div style="background-color: #4f81bd; color: white; padding: 2px 5px;">EDIT</div> <div style="background-color: #ccc; padding: 2px 5px;">Clear All</div> </div>

Manual Clinical Quality Measures

Select

Electronic Clinical Quality Measures

Select






Previous

Save & Continue


If Electronic Clinical Quality Measures is selected a  will appear on the Measures Topic List.


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Attestation Meaningful Use Objectives

Meaningful use measures are grouped into topics. Please complete all of the following topic areas: Meaningful Use Objectives (0-7), Required Public Health Objective (8), and Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. 

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a  is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **Begin** button. To modify a topic where entries have been made, select the **EDIT** button for a topic to modify any previously entered information. Select **Previous** to return.

Completed?	Topics	Progress	Action
	Meaningful Use Objectives (0-7)	8/8	<div style="display: flex; gap: 5px;"> <div style="background-color: #007bff; color: white; padding: 2px 5px;">EDIT</div> <div style="background-color: #6c757d; color: white; padding: 2px 5px;">Clear All</div> </div>
	Required Public Health Objective (8)	12/12	<div style="display: flex; gap: 5px;"> <div style="background-color: #007bff; color: white; padding: 2px 5px;">EDIT</div> <div style="background-color: #6c757d; color: white; padding: 2px 5px;">Clear All</div> </div>
	Electronic Clinical Quality Measures (Select Cancel to choose Manual)		<div style="display: flex; gap: 5px;"> <div style="border: 2px solid red; border-radius: 10px; padding: 2px 5px; background-color: #007bff; color: white;">Cancel</div> </div>

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous

Save & Continue

To cancel Manual Clinical Quality Measures and choose Electronic Clinical Quality Measures click the **Cancel** button and then click **OK** on the pop-up message window.

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Attestation Meaningful Use Objectives

Meaningful use measures are grouped into topics. Please complete all of the following topic areas: Meaningful Use Objectives (0-7), Required Public Health Objective (8), and Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by its current progress level. To start a topic select the **Begin** button. To modify a topic where entries have been made, select the **EDIT** button. To return to the previous screen, select the **Previous** button.

Completed?	Topics	Action
	Meaningful Use Objectives	Begin
	Required Public Health Objective (8)	Begin

Message from webpage

WARNING - All measure data will be cleared for this topic.

Select the Cancel button to continue working.

Select OK to clear measure data.

OK Cancel

Manual Clinical Quality Measures

Clinical Quality Measures	Begin
Cancel and Choose Electronic	Cancel

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous Save & Continue

If Manual Clinical Quality Measures is selected, click **Begin**.

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Attestation Meaningful Use Objectives

Meaningful use measures are grouped into topics. Please complete all of the following topic areas: Meaningful Use Objectives (0-7), Required Public Health Objective (8), and Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **Begin** button. To modify a topic where entries have been made, select the **EDIT** button for a topic to modify any previously entered information. Select **Previous** to return.

Completed?	Topics	Progress	Action
	Meaningful Use Objectives (0-8)		Begin
	Required Public Health Objective (9)		Begin

Manual Clinical Quality Measures

Clinical Quality Measures

Cancel and Choose Electronic

Begin

Cancel

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous
Save & Continue

Manual Clinical Quality Measures

This initial screen provides information about the Clinical Quality Measures.

Click **Begin** to continue to the Meaningful Use Clinical Quality Selection screen.

Stage 3

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Get Started	R&A/Contact Info <input checked="" type="checkbox"/>	Eligibility <input checked="" type="checkbox"/>	Patient Volumes <input checked="" type="checkbox"/>	Attestation <input checked="" type="checkbox"/>	Review	Submit <input type="checkbox"/>
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Begin

Meaningful Use Clinical Quality Measure Worklist Table

This screen displays the Meaningful Use Clinical Quality Measures Worksheet. There are 16 Meaningful Use Clinical Quality Measures available for attestation. All 16 Meaningful Use Clinical Quality Measures are required for attestation.

Click **Edit** to enter or edit information for the measure or click **Return** to go back.

Once information is successfully entered and saved for a measure it will be displayed in the **Entered** column on this screen.

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Meaningful Use Clinical Quality Measures

To enter or edit information, select the "EDIT" button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.

When all measures have been edited and you are satisfied with the entries, select the "Return" button to access the main attestation topic list.

Please note: Clinical quality measures are sorted by CMS Measure Number.

Meaningful Use Clinical Quality Measure List Table

NOF#	Title	Entered	Select
0480	CMS9 v7.6.000-Exclusive Breast Milk Feeding		<input type="button" value="EDIT"/>
Not Applicable	CMS26 v6.2.000-Home Management Plan of Care (HMP) Document Given to Patient/Caregiver		<input type="button" value="EDIT"/>
1354	CMS31 v7.5.000-Hearing Screening Prior To Hospital Discharge		<input type="button" value="EDIT"/>
0496	CMS32 v8.2.000-Median Time from ED Arrival to ED Departure for Discharged ED Patients		<input type="button" value="EDIT"/>
Not Applicable	CMS53 v7.3.000-Primary PCI Received Within 90 Minutes of Hospital Arrival		<input type="button" value="EDIT"/>
0495	CMS55 v7.2.000-Median Time from ED Arrival to ED Departure for Admitted ED Patients		<input type="button" value="EDIT"/>
Not Applicable	CMS71 v8.1.000-Anticoagulation Therapy for Atrial Fibrillation/Flutter		<input type="button" value="EDIT"/>
Not Applicable	CMS72 v7.2.000-Antithrombotic Therapy By End of Hospital Day 2		<input type="button" value="EDIT"/>
Not Applicable	CMS102 v7.1.000-Assessed for Rehabilitation		<input type="button" value="EDIT"/>
Not Applicable	CMS104 v7.1.000-Discharged on Antithrombotic Therapy		<input type="button" value="EDIT"/>
Not Applicable	CMS105 v7.1.000-Discharged on Statin Medication		<input type="button" value="EDIT"/>
Not Applicable	CMS107 v7.1.000-Stroke Education		<input type="button" value="EDIT"/>
0371	CMS108 v7.4.000-Venous Thromboembolism Prophylaxis		<input type="button" value="EDIT"/>
0497	CMS111 v7.3.000-Median Admit Decision Time to ED Departure Time for Admitted Patients		<input type="button" value="EDIT"/>
0469	CMS113 v7.3.000-Elective Delivery		<input type="button" value="EDIT"/>
0372	CMS190 v7.3.000-Intensive Care Unit Venous Thromboembolism Prophylaxis		<input type="button" value="EDIT"/>

Figure 0-17: Meaningful Use Clinical Quality Measures Worksheet screen

There are 16 Meaningful Use Clinical Quality Measure screens. Instructions for each measure are provided on the screens. For additional help with a specific Meaningful Use Clinical Quality Measure, click on the link provided above the blue instruction box.

After you enter information for a measure and click **Save & Continue**, you will be returned to the Clinical Quality Measure List Table. The information you entered for that measure will display in the Entered column of the table.

You can continue to edit the measures at any point prior to submitting the application.

Click the **Edit** button for the next measure.

The following screens display the Meaningful Use Quality Measures Worklist Table with data entered for every selected measure attest to.

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Meaningful Use Clinical Quality Measures

To enter or edit information, select the **"EDIT"** button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.

When all measures have been edited and you are satisfied with the entries, select the **"Return"** button to access the main attestation topic list.

Please note: Clinical quality measures are sorted by CMS Measure Number.

Meaningful Use Clinical Quality Measure List Table

NQF #	Title	Entered	Select
0480	CMS9 v7.6.000-Exclusive Breast Milk Feeding	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0	<input type="button" value="EDIT"/>
Not Applicable	CMS26 v6.2.000-Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0	<input type="button" value="EDIT"/>
1354	CMS31 v7.5.000-Hearing Screening Prior To Hospital Discharge	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0	<input type="button" value="EDIT"/>
0496	CMS32 v8.2.000-Median Time from ED Arrival to ED Departure for Discharged ED Patients	Measure Observation 1 = 100 Measure Population 1 = 100 Exclusion 1 = 0 Measure Observation 2 = 100 Measure Population 2 = 100 Exclusion 2 = 0 Measure Observation 3 = 100 Measure Population 3 = 100 Exclusion 3 = 0 Measure Observation 4 = 300 Measure Population 4 = 300 Exclusion 4 = 0	<input type="button" value="EDIT"/>

Figure 0-18: Meaningful Use Quality Measures Worklist Table with data entered (Part 1 of 2)

Not Applicable	CMS53 v7.3.000-Primary PCI Received Within 90 Minutes of Hospital Arrival	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0 Exception = 0	EDIT
0495	CMS55 v7.2.000-Median Time from ED Arrival to ED Departure for Admitted ED Patients	Measure Observation 1 = 100 Measure Population 1 = 100 Exclusion 1 = 0 Measure Observation 2 = 100 Measure Population 2 = 100 Exclusion 2 = 0 Measure Observation 3 = 100 Measure Population 3 = 100 Exclusion 3 = 0	EDIT
Not Applicable	CMS71 v8.1.000-Anticoagulation Therapy for Atrial Fibrillation/Flutter	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0 Exception = 0	EDIT
Not Applicable	CMS72 v7.2.000-Antithrombotic Therapy By End of Hospital Day 2	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0 Exception = 0	EDIT
Not Applicable	CMS102 v7.1.000-Assessed for Rehabilitation	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0	EDIT
Not Applicable	CMS104 v7.1.000-Discharged on Antithrombotic Therapy	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0 Exception = 0	EDIT
Not Applicable	CMS105 v7.1.000-Discharged on Statin Medication	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0 Exception = 0	EDIT
Not Applicable	CMS107 v7.1.000-Stroke Education	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0	EDIT
0371	CMS108 v7.4.000-Venous Thromboembolism Prophylaxis	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0	EDIT
0497	CMS111 v7.3.000-Median Admit Decision Time to ED Departure Time for Admitted Patients	Measure Observation 1 = 100 Measure Population 1 = 100 Exclusion 1 = 0 Measure Observation 2 = 100 Measure Population 2 = 100 Exclusion 2 = 0 Measure Observation 3 = 200 Measure Population 3 = 200 Exclusion 3 = 0	EDIT
0469	CMS113 v7.3.000-Elective Delivery	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0	EDIT
0372	CMS190 v7.3.000-Intensive Care Unit Venous Thromboembolism Prophylaxis	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0 Exception = 0	EDIT
Return			

Figure 0-19: Meaningful Use Quality Measures Worklist Table with data entered (Part 2 of 2)

The following is a list of the 16 Clinical Quality Measures available for you to attest to:

Measure Number	Title	Screen Example
CMS9 v7.6	Exclusive Breast Milk Feeding	Screen 3
CMS26 v6.2	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	Screen 5
CMS31 v7.5	Hearing Screening Prior To Hospital Discharge	Screen 3
CMS32 v8.2	Median Time from ED Arrival to ED Departure for Discharged ED Patients	Screen 1
CMS53 v7.3	Primary PCI Received Within 90 Minutes of Hospital Arrival	Screen 2
CMS55 v7.2	Median Time from ED Arrival to ED Departure for Admitted ED Patients	Screen 1
CMS71 v8.1	Anticoagulation Therapy for Atrial Fibrillation/Flutter	Screen 2
CMS72 v7.2	Antithrombotic Therapy By End of Hospital Day 2	Screen 2
CMS102 v7.1	Assessed for Rehabilitation	Screen 3
CMS104 v7.1	Discharged on Antithrombotic Therapy	Screen 2
CMS105 v7.1	Discharged on Statin Medication	Screen 2
CMS107 v7.1	Stroke Education	Screen 3
CMS108 v7.4	Venous Thromboembolism Prophylaxis	Screen 3
CMS111 v7.3	Median Admit Decision Time to ED Departure Time for Admitted Patients	Screen 1
CMS113 v7.3	Elective Delivery	Screen 3
CMS190 v7.3	Intensive Care Unit Venous Thromboembolism Prophylaxis	Screen 2

There are 16 Meaningful Use Clinical Quality Measure screens. As you proceed through the Meaningful Use Clinical Quality Measure section of MAPIR, you will see five different screen layouts. Instructions for each measure are provided on the screen. For additional help with a specific Meaningful Use Clinical Quality Measure, click on the link provided above the blue instruction box.

Screen layout examples are shown below.

Screen 1

The following Measure Numbers use this screen layout:

CMS55 v7.2, CMS111 v7.3, and CMS32 v8.2

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Attestation Meaningful Use Measures

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number: CMS55 v7.2.000
NQF Number: 0495
Measure Title: Median Time from ED Arrival to ED Departure for Admitted ED Patients
Measure Description: Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.

Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition of the Measure Population Exclusion.
Measure Observation: A positive whole number, including zero. Use the "Click HERE" above for a definition of the Measure Observation.
Measure Population: A positive whole number, including zero. Use the "Click HERE" above for a definition of the Measure Population.

Stratification 1 - All patients seen in the ED and admitted as an inpatient who do not have an inpatient encounter principal diagnosis consistent with psychiatric/mental health disorders.

*Measure Observation 1:
*Measure Population 1:
*Exclusion 1:

Stratification 2 - All patients seen in the ED and admitted as an inpatient who have an inpatient encounter principal diagnosis consistent with psychiatric/mental health disorders.

*Measure Observation 2:
*Measure Population 2:
*Exclusion 2:

Total of Stratification 1 and Stratification 2.

*Measure Observation 3:
*Measure Population 3:
*Exclusion 3:

Previous
Reset
Save & Continue

Screen 2

The following Measure Numbers use this screen layout:

CMS104 v7.1, CMS71 v8.1, CMS72 v7.2, CMS105 v7.1, CMS190 v7.3, and CMS53 v7.3

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Attestation Meaningful Use Measures

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS104 v7.1.000
NQF Number:	Not Applicable
Measure Title:	Discharged on Antithrombotic Therapy
Measure Description:	Ischemic stroke patients prescribed or continuing to take antithrombotic therapy at hospital discharge.

Numerator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate (%):	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.
Exception:	A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exception.

(*) Numerator:
(*) Denominator:
(*) Performance Rate (%):
(*) Exclusion:
(*) Exception:

Previous
Reset
Save & Continue

Screen 3

The following Measure Numbers use this screen layout:

CMS107 v7.1, CMS102 v7.1, CMS108 v7.4, CMS113 v7.3, CMS9 v7.6, and CMS31 v7.5

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Attestation Meaningful Use Measures

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number: CMS107 v7.1.000
NQF Number: Not Applicable
Measure Title: Stroke Education
Measure Description: Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate (%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.
Exclusion: A positive whole number, including zero. Use the "Click HERE" above for a definition of the Exclusion.

(*) Numerator:
(*) Denominator:
(*) Performance Rate (%):
(*) Exclusion:

Previous
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Save & Continue

Screen 5

The following Measure Numbers use this screen layout:

CMS26 v6.2

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Attestation Meaningful Use Measures

Click [HERE](#) to review CMS Guidelines for this measure.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

Measure Number: CMS26 v6.2.000
NQF Number: Not Applicable
Measure Title: Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver
Measure Description: An assessment that there is documentation in the medical record that a Home Management Plan of Care (HMPC) document was given to the pediatric asthma patient/caregiver.

Numerator: A positive whole number, including zero. Use the "Click HERE" above for a definition of the Numerator.
Denominator: A positive whole number, including zero. Use the "Click HERE" above for a definition of the Denominator.
Performance Rate (%): A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition of the Performance Rate.

*Numerator: *Denominator: *Performance Rate (%):

Previous Reset **Save & Continue**

After you enter information for a measure and click **Save & Continue**, you will be returned to the Clinical Quality Measure List Table. The information you entered for that measure will display in the Entered column of the table as shown in the example below.

You can continue to edit the measures at any point prior to submitting the application.

Click the **Edit** button to update a measure.

Name
CCN
Payment Year

NPI
Hospital TIN
Program Year

Get Started
R&A/Contact Info ☒
Eligibility ☒
Patient Volumes ☒
Attestation ☐
Review
Submit

Meaningful Use Clinical Quality Measures

To enter or edit information, select the **"EDIT"** button next to the measure that you would like to edit. All progress on entry of measures will be retained if your session is terminated.

When all measures have been edited and you are satisfied with the entries, select the **"Return"** button to access the main attestation topic list.

Please note: Clinical quality measures are sorted by CMS Measure Number.

Meaningful Use Clinical Quality Measure List Table

NQF#	Title	Entered	Select
0480	CMS9 v7.6.000-Exclusive Breast Milk Feeding	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0	<input type="button" value="EDIT"/>
Not Applicable	CMS26 v6.2.000-Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0	<input type="button" value="EDIT"/>
1354	CMS31 v7.5.000-Hearing Screening Prior To Hospital Discharge	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0	<input type="button" value="EDIT"/>
0496	CMS32 v8.2.000-Median Time from ED Arrival to ED Departure for Discharged ED Patients	Measure Observation 1 = 100 Measure Population 1 = 100 Exclusion 1 = 0 Measure Observation 2 = 100 Measure Population 2 = 100 Exclusion 2 = 0 Measure Observation 3 = 100 Measure Population 3 = 100 Exclusion 3 = 0 Measure Observation 4 = 300 Measure Population 4 = 300 Exclusion 4 = 0	<input type="button" value="EDIT"/>

Figure 0-20: Meaningful Use Quality Measures Worklist Table with data entered (Part 1 of 2)

Not Applicable	CMS53 v7.3.000-Primary PCI Received Within 90 Minutes of Hospital Arrival	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0 Exception = 0	EDIT
0495	CMS55 v7.2.000-Median Time from ED Arrival to ED Departure for Admitted ED Patients	Measure Observation 1 = 100 Measure Population 1 = 100 Exclusion 1 = 0 Measure Observation 2 = 100 Measure Population 2 = 100 Exclusion 2 = 0 Measure Observation 3 = 100 Measure Population 3 = 100 Exclusion 3 = 0	EDIT
Not Applicable	CMS71 v8.1.000-Anticoagulation Therapy for Atrial Fibrillation/Flutter	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0 Exception = 0	EDIT
Not Applicable	CMS72 v7.2.000-Antithrombotic Therapy By End of Hospital Day 2	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0 Exception = 0	EDIT
Not Applicable	CMS102 v7.1.000-Assessed for Rehabilitation	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0	EDIT
Not Applicable	CMS104 v7.1.000-Discharged on Antithrombotic Therapy	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0 Exception = 0	EDIT
Not Applicable	CMS105 v7.1.000-Discharged on Statin Medication	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0 Exception = 0	EDIT
Not Applicable	CMS107 v7.1.000-Stroke Education	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0	EDIT
0371	CMS108 v7.4.000-Venous Thromboembolism Prophylaxis	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0	EDIT
0497	CMS111 v7.3.000-Median Admit Decision Time to ED Departure Time for Admitted Patients	Measure Observation 1 = 100 Measure Population 1 = 100 Exclusion 1 = 0 Measure Observation 2 = 100 Measure Population 2 = 100 Exclusion 2 = 0 Measure Observation 3 = 200 Measure Population 3 = 200 Exclusion 3 = 0	EDIT
0469	CMS113 v7.3.000-Elective Delivery	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0	EDIT
0372	CMS190 v7.3.000-Intensive Care Unit Venous Thromboembolism Prophylaxis	Numerator = 100 Denominator = 100 Performance Rate (%) = 100.0 Exclusion = 0 Exception = 0	EDIT
Return			

Figure 0-21: Meaningful Use Quality Measures Worklist Table with data entered (Part 2 of 2)

This screen displays all three Meaningful Use Measure topics marked complete in the Measures Topic List for Stage 3. Click **Save & Continue** to view a summary of the Meaningful Use Measures you attested to.

Click **Cancel** to choose Electronic Clinical Measures instead of manual Clinical Quality Measures.

Name
CCN
Payment Year

NPI
Hospital TIN
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Attestation Meaningful Use Objectives

Meaningful use measures are grouped into topics. Please complete all of the following topic areas: Meaningful Use Objectives (0-7), Required Public Health Objective (8), and Clinical Quality Measures (CQMs) options. The following icon will display to the left of the topic name when the minimum required entries are completed.

Please Note: Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **Begin** button. To modify a topic where entries have been made, select the **EDIT** button for a topic to modify any previously entered information. Select **Previous** to return.

Completed?	Topics	Progress	Action
	Meaningful Use Objectives (0-7)	8/8	<div>EDIT</div> <div>Clear All</div>
	Required Public Health Objective (8)	12/12	<div>EDIT</div> <div>Clear All</div>

< Custom defined configurable item >

Manual Clinical Quality Measures

	Clinical Quality Measures	16/16	<div>EDIT</div> <div>Clear All</div>
Cancel and Choose Electronic			<div>Cancel</div>

Note:
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous

Save & Continue

Meaningful Use Measures Summary

This screen displays a summary of all entered meaningful use attestation information.

Review the information for each measure. If further edits are necessary, click **Previous** to return to the Measures Topic List where you can choose a topic to edit.

If the information on the summary is correct, click **Save & Continue** to proceed to Part 3 of 3 of the Attestation Phase.

Name
CCN
Payment Year

NPI
Hospital TIN
Program Year

Get Started

R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☒

Attestation ☒

Review

Submit

Attestation Meaningful Use Measures

The Meaningful Use Measures you have attested to are depicted below. Please review the current information to verify what you have entered is correct.

Meaningful Use Objective Review

Objective Number	Objective	Entered
Objective 0	<p>Activities related to supporting providers with the performance of Certified EHR Technology:</p> <p>1. Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received?</p> <p>2. Did you or your organization receive a request for an ONC direct review of your health information technology certified under the ONC Health IT Certification Program? If yes, did you and your organization cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by you in the field.</p> <p>3. In addition, do you and your organization acknowledge the option to cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received?</p> <p>4. Did you or your organization receive a request to assist in ONC - ACB surveillance of your health information technology certified under the ONC Health IT Certification Program? If yes, did you and your organization cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by you in the field?</p> <p>Actions related to supporting information exchange and the prevention of health information blocking:</p> <p>During the EHR Reporting Period,</p> <p>1. Did you or your organization knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of Certified EHR Technology?</p>	<p>Activities related to supporting providers with the performance of Certified EHR Technology:</p> <p>Question 1 = Yes Question 2 = Yes Yes Question 3 = Yes Question 4 = Yes Yes</p> <p>Actions related to supporting information exchange and the prevention of health information blocking:</p> <p>Question 1 = Yes Question 2 = Yes Yes Yes Yes Question 3 = Yes</p>

Figure 0-22: Meaningful Use Measures Summary (Part 1 of 5)

	<p>2. Did you and your organization implement technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the Certified EHR Technology was, at all relevant times:</p> <p>(i) Connected in accordance with applicable law;</p> <p>(ii) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170;</p> <p>(iii) Implemented in a manner that allowed for timely access by patients to their electronic health information;</p> <p>(iv) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj(3)), including unaffiliated providers, and with disparate Certified EHR Technology and vendors.</p> <p>3. Did you and your organization respond in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestor's affiliation or technology vendor?</p>	
Objective 1	Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology through the implementation of appropriate technical, administrative, and physical safeguards.	Measure = No
Objective 2	Generate and transmit permissible discharge prescriptions electronically (eRx).	Patient Records = All Exclusion = Excluded
Objective 3	Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.	Measure 1 = No Measure 2 = No
Objective 4	Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed health care professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.	<p>Patient Records = All</p> <p>Measure 1 Numerator 1 = 100 Denominator 1 = 200 Percentage = 50%</p> <p>Measure 2 Numerator 2 = 100 Denominator 2 = 200 Percentage = 50%</p> <p>Measure 3 Numerator 3 = 100 Denominator 3 = 200 Percentage = 50%</p>
Objective 5	The eligible hospital or CAH provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.	Exclusion = Excluded
Objective 6	Use Certified EHR Technology to engage with patients or their authorized representatives about the patient's care. Providers must attest to all three measures, but must only meet the thresholds for two of the three measures to pass the objective.	Exclusion = Excluded
Objective 7	The eligible hospital or CAH provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of Certified EHR Technology. Provider must attest to the measure(s) listed below.	Exclusion 1 = Excluded Exclusion 2 = Excluded

Figure 0-23: Meaningful Use Measures Summary (Part 2 of 5)

Required Public Health Objective Review		
Objective Number	Objective	Entered
Objective 8 Option 1	The eligible hospital or CAH is in active engagement with an immunization registry or immunization information systems to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Measure Option 1 = No Exclusion 1 = No Exclusion 2 = Excluded Exclusion 3 = No
Objective 8 Option 2	The eligible hospital or CAH is in active engagement with a syndromic surveillance registry to submit electronic public health data from Certified EHR Technology except where prohibited and in accordance with applicable law and practice.	Measure Option 2 = No Exclusion 1 = Excluded Exclusion 2 = No Exclusion 3 = No
Objective 8 Option 3	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Measure Option 3 = No Exclusion 1 = No Exclusion 2 = Excluded Exclusion 3 = No
Objective 8 Option 4A	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Measure Option 4A = Yes Registry Name = state Active Engagement Option = Completed registration to submit data
Objective 8 Option 4B	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Measure Option 4B = Yes Registry Name = state Active Engagement Option = Testing and validation
Objective 8 Option 4C	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Measure Option 4C = Yes Registry Name = state Active Engagement Option = Production
Objective 8 Option 4D	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Measure Option 4D = Yes Registry Name = state Active Engagement Option = Completed registration to submit data
Objective 8 Option 5A	The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Measure Option 5A = Yes Registry Name = state Active Engagement Option = Completed registration to submit data
Objective 8 Option 5B	The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Measure Option 5B = Yes Registry Name = state Active Engagement Option = Completed registration to submit data
Objective 8 Option 5C	The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Measure Option 5C = Yes Registry Name = state Active Engagement Option = Testing and validation
Objective 8 Option 5D	The eligible hospital or CAH is in active engagement with a clinical data agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Measure Option 5D = Yes Registry Name = state Active Engagement Option = Completed registration to submit data
Objective 8 Option 6	The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Measure Option 6 = Yes Registry Name = state Active Engagement Option = Testing and validation

Figure 0-24: Meaningful Use Measures Summary (Part 3 of 5)

Meaningful Use Clinical Quality Measure Review			
NQF	Measure Code	Title	Entered
0480	CMS9 v7.6.000	Exclusive Breast Milk Feeding	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0 Exclusion = 0
Not Applicable	CMS26 v6.2.000	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0
1354	CMS31 v7.5.000	Hearing Screening Prior To Hospital Discharge	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0 Exclusion = 0
0496	CMS32 v8.2.000	Median Time from ED Arrival to ED Departure for Discharged ED Patients	Measure Observation 1 = 0 Measure Population 1 = 0 Exclusion 1 = 0 Measure Observation 2 = 0 Measure Population 2 = 0 Exclusion 2 = 0 Measure Observation 3 = 0 Measure Population 3 = 0 Exclusion 3 = 0 Measure Observation 4 = 0 Measure Population 4 = 0 Exclusion 4 = 0
Not Applicable	CMS53 v7.3.000	Primary PCI Received Within 90 Minutes of Hospital Arrival	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0 Exclusion = 0 Exception = 0
0495	CMS55 v7.2.000	Median Time from ED Arrival to ED Departure for Admitted ED Patients	Measure Observation 1 = 0 Measure Population 1 = 0 Exclusion 1 = 0 Measure Observation 2 = 0 Measure Population 2 = 0 Exclusion 2 = 0 Measure Observation 3 = 0 Measure Population 3 = 0 Exclusion 3 = 0
Not Applicable	CMS71 v8.1.000	Anticoagulation Therapy for Atrial Fibrillation/Flutter	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0 Exclusion = 0 Exception = 0
Not Applicable	CMS72 v7.2.000	Antithrombotic Therapy By End of Hospital Day 2	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0 Exclusion = 0 Exception = 0
Not Applicable	CMS102 v7.1.000	Assessed for Rehabilitation	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0 Exclusion = 0

Figure 0-25: Meaningful Use Measures Summary (Part 4 of 5)

Not Applicable	CMS104 v7.1.000	Discharged on Antithrombotic Therapy	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0 Exclusion = 0 Exception = 0
Not Applicable	CMS105 v7.1.000	Discharged on Statin Medication	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0 Exclusion = 0 Exception = 0
Not Applicable	CMS107 v7.1.000	Stroke Education	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0 Exclusion = 0
0371	CMS108 v7.4.000	Venous Thromboembolism Prophylaxis	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0 Exclusion = 0
0497	CMS111 v7.3.000	Median Admit Decision Time to ED Departure Time for Admitted Patients	Measure Observation 1 = 0 Measure Population 1 = 0 Exclusion 1 = 0 Measure Observation 2 = 0 Measure Population 2 = 0 Exclusion 2 = 0 Measure Observation 3 = 0 Measure Population 3 = 0 Exclusion 3 = 0
0469	CMS113 v7.3.000	Elective Delivery	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0 Exclusion = 0
0372	CMS190 v7.3.000	Intensive Care Unit Venous Thromboembolism Prophylaxis	Numerator = 0 Denominator = 0 Performance Rate (%) = 0.0 Exclusion = 0 Exception = 0

Previous
Save & Continue

Figure 0-26: Meaningful Use Measures Summary (Part 5 of 5)

Attestation Phase (Part 3 of 3)

Part 3 of 3 of the Attestation Phase contains questions regarding the average length of stay for your facility and confirmation of the address to which the incentive payment will be sent.

Click **Yes** to confirm you are either an Acute Care Hospital with an average length of stay of 25 days or fewer, or a Children's Hospital.

Click the **Payment Address** from the list below to be used for your Incentive Payment.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Name
CCN
Payment Year

NPI
Hospital TIN
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Attestation Phase (Part 3 of 3)

Eligible Hospitals may be subject to the Centers for Medicare & Medicaid Services process for audits and appeals of Meaningful Use attestations. This includes Eligible Hospitals applying for a Medicaid only EHR incentive payment.

Please answer the following question.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* Please confirm that you are either an Acute Care Hospital with an average length of stay of 25 days or fewer, or a Children's Hospital.

☒ Yes
☐ No

NOTE: Definition of an acute care hospital for purpose of the Medicaid EHR Incentive Payment Program is a hospital with an average patient length of stay of 25 days or fewer, and with a CCN that falls in the range of 0001-0879 (Short-term Hospitals) or 1300-1399 (Critical Access Hospitals).

Please select one payment address from the list provided below to be used for your Incentive Payment, if you are approved for payment. If you do not see a valid payment address, please contact State Medicaid Program.

*Payment Address (Must Select One)	Provider ID	Location Name	Address	Additional Information

Previous
Reset
Save & Continue

This screen confirms you successfully completed the **Attestation** section.


Note the check box in the Attestation tab.

Click **Continue** to proceed to the **Review** tab.

Name
CCN
Payment Year

NPI
Hospital TIN
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit



You have now completed the **Attestation** section of the application.

You may revisit this section any time to make corrections until such time as you actually **Submit** the application.

The **Submit** section of the application is now available.

Before submitting the application, please review the information you have provided in this section, and all previous sections.

Continue

Step 6 – Review Application

The Review section allows you to review all information you entered into your application. If you find errors, you can click the associated tab and proceed to correct the information. When you have corrected the information, you can click the **Review** tab to return to this section. From this screen you can print a printer-friendly copy of your application for review. Please review all information carefully before proceeding to the Submit section. Once your application is submitted you will not have the opportunity to change it.

Click **Print** to generate a printer-friendly version of this information.

When you have finished reviewing all the information, click the **Submit** tab to proceed.

Note

If you are in Program Year 2014, the CEHRT ID Information section on the following screen will also display the Meaningful Use Reporting Option and Reason for Delay (if applicable).

Name CCN Payment Year	NPI Hospital TIN Program Year	
<div style="display: flex; justify-content: space-between; padding: 5px;"> Get Started R&A/Contact Info <input checked="" type="checkbox"/> Eligibility <input checked="" type="checkbox"/> Patient Volumes <input checked="" type="checkbox"/> Attestation <input checked="" type="checkbox"/> Review Submit <input type="button" value=""/> </div>		
<div style="border: 1px solid #0056b3; padding: 10px; background-color: #e6f2ff;"> <p>The Review panel displays the information you have entered to date for your application. Select Print to generate a printer friendly version of this information. Select Continue to return to the last page saved. If all tabs have been completed and you are ready to continue to the Submit Tab, please click on the Submit Tab itself to finish the application process.</p> <div style="text-align: right;"> <input type="button" value="Print"/> </div> </div>		
Status		
Incomplete		
CEHRT ID Information		
CMS EHR Certification ID:		
R&A Verification		
Legal Business Name CCN	Hospital NPI Hospital TIN	
Business Address		
Business Phone		
Incentive Program	Deemed Medicare Eligible Status?	State
Eligible Hospital Type		
R&A Registration ID		
R&A Registration Email		
CMS EHR Certification Number		
Is this information accurate?		

Figure-27: Review tab (Part 1 of 3)

Primary Contact Information				
First Name				
Last Name				
Phone				
Phone Extension				
Email Address				
Department				
Address				

Alternate Contact Information				
First Name				
Last Name				
Phone				
Phone Extension				
Email Address				

Eligibility Questions	
Please confirm that you are choosing the Medicaid incentive program.	Yes
Do you have any sanctions or pending sanctions with Medicare or Medicaid in Colorado?	No
Is your facility licensed to operate in all states in which services are rendered?	Yes

Patient Volume (Part 1 of 3) – 90 Day Reporting Period	
Start Date:	Feb 12, 2014
End Date:	May 12, 2014

Patient Volume (Part 2 of 3) – Enter Volume				
Provider ID	Location Name	Address	Encounter Volumes	% Medicaid Discharges
			<i>In State Medicaid:</i> 883 <i>Other Medicaid:</i> 0 <i>Total Discharges:</i> 8600	10%
			<i>In State Medicaid:</i> 200 <i>Other Medicaid:</i> 500 <i>Total Discharges:</i> 1000	70%
Sum In-State Medicaid Volume	Sum Other Medicaid Volume	Total Discharges Sum Denominator	Total %	
1083	500	9600	16%	

Figure 0-28: Review tab (Part 2 of 3)

Hospital Cost Report Data – Fiscal Year (Part 3 of 3)					
Fiscal Year Start Date: Jan 01, 2010 Fiscal Year End Date: Dec 31, 2010					

Hospital Cost Report Data (Part 3 of 3)					
Fiscal Year	Total Discharges	Total Inpatient Medicaid Bed Days	Total Inpatient Bed Days	Total Charges - All Discharges	Total Charges - Charity Care
01/01/2010-12/31/2010	2754	2754	28802880	\$1,188,756,696.00	\$56,452,000.00
01/01/2009-12/31/2009	2817				
01/01/2008-12/31/2008	2880				
01/01/2007-12/31/2007	2946				

Attestation Phase (Part 1 of 3)	
EHR System Adoption Phase:	Meaningful Use - 90 Days

Attestation EHR Reporting Period (Part 1 of 3)	
Start Date:	Jan 14, 2015
End Date:	Apr 13, 2015

Attestation Phase Meaningful Use Measures	
Do at least 80% of unique patients have their data in the certified EHR during the EHR reporting period?	Yes

Attestation Meaningful Use Measures	
Attestation Meaningful Use Measures may be accessed by selecting the link below: Meaningful Use Measures	

Attestation Phase (Part 3 of 3)									
Please confirm that you are either an Acute Care Hospital with an average length of stay of 25 days or fewer, or a Children's Hospital.	Yes								
<p>NOTE: Definition of an acute care hospital for purpose of the Medicaid EHR Incentive Payment Program as those hospitals with an average patient length of stay of 25 days or fewer, and with a CCN that falls in the range of 0001-0879 (Short-term Hospitals) or 1300-1399 (Critical Access Hospitals).</p> <p>The mailing address below will be used for your Incentive Payment, if you are approved for payment.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 20%;">Provider ID</th> <th style="width: 20%;">Location Name</th> <th style="width: 20%;">Address</th> <th style="width: 40%;">Additional Information</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Provider ID	Location Name	Address	Additional Information				
Provider ID	Location Name	Address	Additional Information						

[Top](#)

Continue

Figure 0-29: Review tab (Part 3 of 3)

Step 7 – Submit Your Application

The final submission of your application involves the following steps:

1. Select the **Submit** tab.
2. **Review and Check Errors** – MAPIR will check your application for errors. If errors are present, you will have the opportunity to go back to the section where the error occurred and correct it. If you do not want to correct the errors you can still submit your application; however, the errors may affect your eligibility and payment amount.
3. **Optional Questions** – You may be asked a series of optional questions that do not affect your application. The answers will provide information to your state Medicaid program about incentive program participation.
4. **File Upload** – You will have the opportunity to upload PDF files with documentation supporting your application. This optional information could include additional information on patient volumes, locations, or your certified EHR system.
5. The initial **Submit** screen contains information about this section.

Click **Begin** to continue to the submission process.

The screenshot shows the MAPIR application submission interface. At the top, there are input fields for 'Name', 'NPI', 'CCN', 'Hospital TIN', 'Payment Year', and 'Program Year'. Below these fields is a horizontal navigation bar with seven buttons: 'Get Started', 'R&A/Contact Info' (with a checkmark), 'Eligibility' (with a checkmark), 'Patient Volumes' (with a checkmark), 'Attestation' (with a checkmark), 'Review', and 'Submit' (disabled). At the bottom of the screen, a 'Begin' button is highlighted with a red oval.

This screen lists the current status of your application and any error messages identified by the system.

You can correct these errors or leave them as is. You can submit this application with errors; however, errors may impact your eligibility and incentive payment amount.

To correct errors:

Click **Review** to be taken to the section in error and correct the information. To return to this section at any time click the **Submit** tab.

Click **Save & Continue** to continue with the application submission.

Name	NPI
CCN	Hospital TIN
Payment Year	Program Year

[Get Started](#)
[R&A/Contact Info](#)
[Eligibility](#)
[Patient Volumes](#)
[Attestation](#)
[Review](#)
[Submit](#)

Status

Incomplete

The MAPIR "Check Errors" panel displays errors that have occurred during the application process.

The following errors have been identified while reviewing your application. For each error listed, click **Review** to be directed to the section of the application that resulted in the error. You will have the ability to correct your answer in that section. Once you click on the **Save & Continue** button on that page, you may then select the **Submit** tab to continue with your review.

Please note that you may still submit the application with errors, but the errors may impact the approval determination.

You must participate in the Medicaid incentive program in order to qualify.

[Review](#)

[Save & Continue](#)

The Application Questionnaire screen presents optional questions. Answer the optional questions by selecting **Yes** or **No**.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Name

NPI

CCN

Hospital TIN

Payment
Year

Program Year

Get Started

R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☒

Attestation ☒

Review

Submit ☐

Application Questionnaire

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

Question 1:

Has a Regional Extension Center (REC) contacted you to offer assistance with applying for the Incentive Program?

☒ Yes ☐ No

Question 2:

Do you have a plan to obtain and maintain meaningful use attainment?

☒ Yes ☐ No

Question 3:

Are you utilizing consulting services to assist your organization with your EHR implementation?

☒ Yes ☐ No

Question 4:

Would you like a representative from SMHPO to contact you?

☒ Yes ☐ No

Previous

Reset

Save & Continue

Saved 14-February-2020

User_Guide_for_Hospitals_V1.0 (MAPIR_Release_6.2).docx

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To upload files, click **Browse** to navigate to the file you wish to upload.

Name

CCN

Payment Year

NPI

Hospital TIN

Program Year

Get Started


R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☒

Attestation ☒

Review

Submit 

Application Submission (Part 1 of 2)

You will now be asked to **upload** any documentation that you wish to provide as verification for the information entered in MAPIR. You may upload multiple files.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

To upload a file, type the full path or click the **Browse...** button.

File name must be less than or equal to **100 characters**.

File Location:

Browse...

Upload File

Previous

Reset

Save & Continue

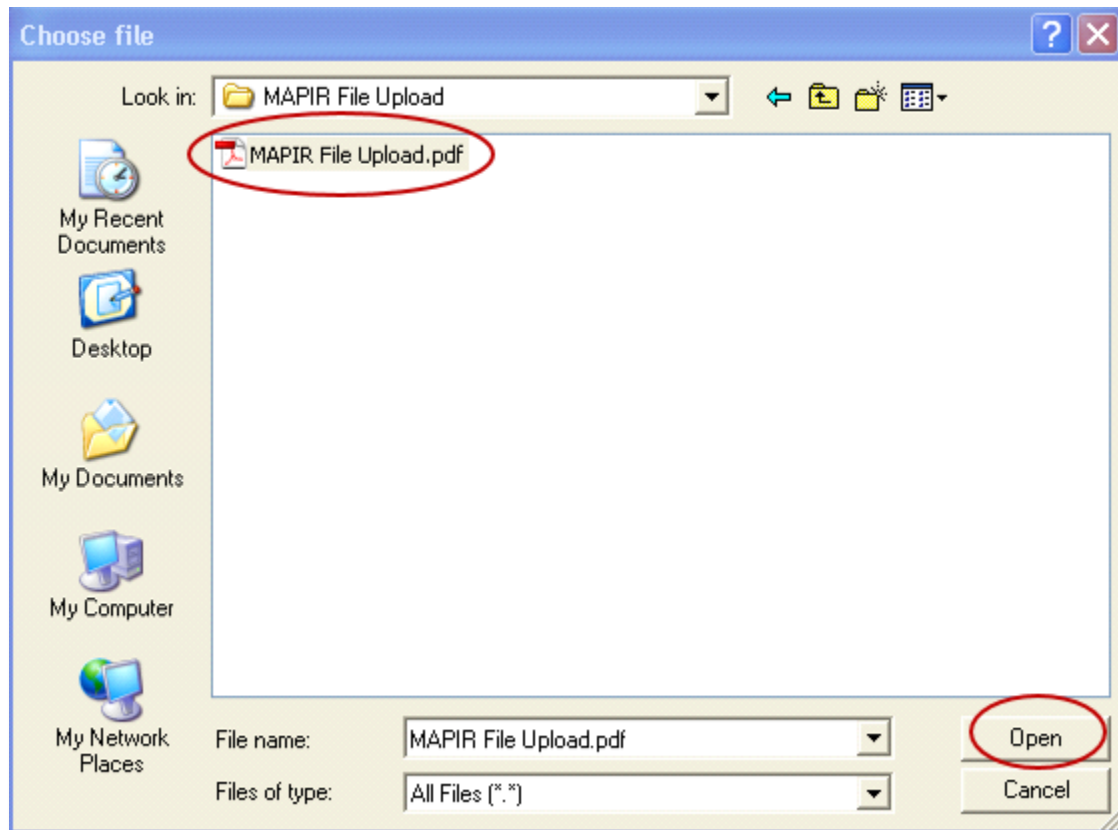
The **Choose file** dialog box will display.

Navigate to the file you want to upload and select **Open**.

Note

File names must meet the following naming conventions:

- All characters must be alphanumeric with underscores, dashes, and spaces as the only acceptable special characters.
- A single period preceding the file name extension.
- No more than one period in the file name.



Check the file name in the file name box.

Click **Upload File** to begin the file upload process.

Name
NPI
CCN
Hospital TIN
Payment Year
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Application Submission (Part 1 of 2)

You will now be asked to **upload** any documentation that you wish to provide as verification for the information entered in MAPIR. You may upload multiple files.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

To upload a file, type the full path or click the **Browse...** button.

File name must be less than or equal to **100 characters**.

File Location: C:\Documentandsettings\MAPIR File Upload.pdf
Browse...

Upload File

Previous
Reset
Save & Continue

Note the *“File has been successfully uploaded.”* message.

Review the uploaded file list in the Uploaded Files box.

If you have more than one file to upload, repeat the steps to select and upload a file as many times a necessary.

All the files you uploaded will be listed in the **Uploaded Files** section of the screen. The Upload Files screen may also display files that were uploaded by an Administrative User and made available for you to view.

To delete an uploaded file, click the **Delete** button in the Available Actions column. If a file is uploaded by an Administrative User, you will not have the option to delete the file.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore the panel to the starting point.

The screenshot shows the 'Application Submission (Part 1 of 2)' screen. At the top, there are fields for Name, NPI, CCN, Hospital TIN, and Payment Year. Below these are navigation buttons: Get Started, R&A/Contact Info (checked), Eligibility (checked), Patient Volumes (checked), Attestation (checked), Review, and Submit. The main content area has a blue header 'Application Submission (Part 1 of 2)' and a message: 'You will now be asked to **upload** any documentation that you wish to provide as verification for the information entered in MAPIR. You may upload multiple files.' Below this is a blue box with instructions: 'When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.' Further down, it says 'To upload a file, type the full path or click the **Browse...** button.' There is a text input field for 'File Location:' with a 'Browse...' button and an 'Upload File' button. Below the upload section is the 'Uploaded Files' table:

File Name	File Size	Date Uploaded	Available Actions
MAPIR File Upload.pdf	51708	04/23/2013	<div>View</div> <div>Delete</div>

Below the table, a red arrow points to a message: '• File has been successfully uploaded.' At the bottom, there are three buttons: 'Previous', 'Reset', and 'Save & Continue' (which is circled in red).

This screen depicts the Preparer signature screen.

Click the check box to indicate you have reviewed all information.

Enter your **Preparer Name** and **Preparer Relationship**.

Click **Sign Electronically** to proceed.

Click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Name	NPI
CCN	Hospital TIN
Payment Year	Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

Application Submission (Part 2 of 2)

As the **preparer** of this location on behalf of the facility, please **attest** to the accuracy of all information entered and to the following:

This is to certify that the foregoing information is true, accurate, and complete.
State specific text to support the attestation

(*) Red asterisk indicates a required field.

☒ *By checking the box, you are indicating that you have reviewed all information that has been entered into MAPIR (as displayed on the **Review** panel).

Electronic Signature of Preparer for Facility:

* Preparer Name: Hospital Preparer * Preparer Relationship: EHR Incentive Coordinator

To attest, click the **Sign Electronically** button (you will not be able to make any changes to your application after submission). Click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

Previous Reset **Sign Electronically**

Your actual incentive payment will be calculated and verified by the state Medicaid program office. This screen shows an **Example Payment Disbursement over 4 Years**.

No information is required on this screen.

Note

This is the final step of the Submit process. You will not be able to make any changes to your application after submission. If you do not want to submit your application at this time you can click Exit and return at any time to complete the submission process.

To submit your application, click **Submit Application** at the bottom of this screen.

Name

CCN

Payment Year

NPI

Hospital TIN

Program Year

Get Started

R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☒

Attestation ☒

Review

Submit

Application Submission (Part 2 of 2)

Based on the Medicaid EHR incentive rules, the following chart provides an example of the maximum potential amount per year of a four year payment. The columns represent the year of participation, and the rows represent the four years of potential participation.

*To submit your application, click the **Submit Application** button (you will not be able to make any changes to your application after submission).*

Example Payment Disbursement over 4 Years
Year 1 50%, Year 2 30%, Year 3 10%, Year 4 10%


Year	Example Calculation	Example Amount
Year 1	\$15,925,500 * 50%	\$7,962,750
Year 2	\$15,925,500 * 30%	\$4,777,650
Year 3	\$15,925,500 * 10%	\$1,592,550
Year 4	\$15,925,500 * 10%	\$1,592,550

Submit Application

The check indicates your application has been successfully submitted.

Click **OK**.

Name	NPI
CCN	Hospital TIN
Payment Year	Program Year
Current Status	Review Application



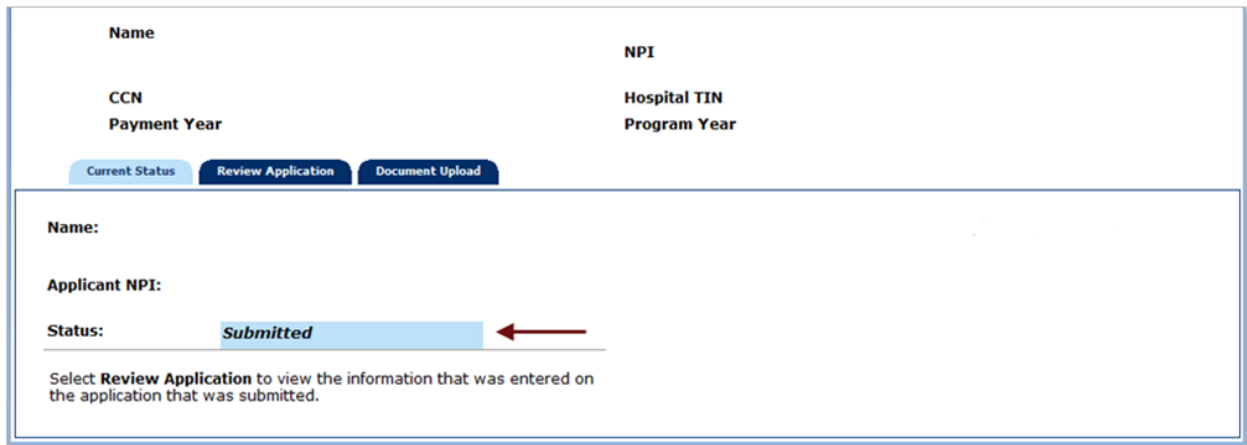
Your application has been successfully submitted, and will be processed within 7-10 business days.

You will receive an email message when processing has been completed.

OK

When your application has been successfully submitted, you will see the application status of Submitted.

Click **Exit** to exit MAPIR.

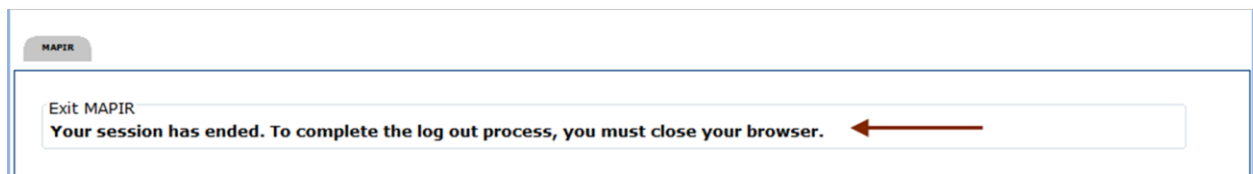


The screenshot shows a web interface for MAPIR. At the top, there are labels for 'Name', 'NPI', 'CCN', 'Hospital TIN', 'Payment Year', and 'Program Year'. Below these labels are three buttons: 'Current Status' (highlighted in light blue), 'Review Application' (dark blue), and 'Document Upload' (dark blue). The main content area displays the following information:

- Name:** [Redacted]
- Applicant NPI:** [Redacted]
- Status:** **Submitted** (highlighted in light blue with a red arrow pointing to it)

Below the status, there is a message: "Select **Review Application** to view the information that was entered on the application that was submitted."

This screen shows that your MAPIR session has ended. You should now close your browser window.



The screenshot shows a web interface for MAPIR. At the top, there is a tab labeled 'MAPIR'. Below the tab, there is a message box with the following text:

Exit MAPIR
Your session has ended. To complete the log out process, you must close your browser. (with a red arrow pointing to the text)

Post Submission Activities

This section contains information about post application submission activities. At any time, you can check the status of your application by logging into the state Medicaid portal. When you have successfully completed the application submission process you will receive an email confirming your submission has been received. You may also receive email updates as your application is processed.

When you log in to MAPIR after submitting your application you will see the Medicaid EHR Incentive Program Participation Dashboard.

Notice that the Status of your application is *Submitted*. You can only view an application in a Submitted status. The next payment year application will be enabled when you become eligible to apply. For status information, please see the [Status Definition](#) table in the Post Submission Activities section of this manual.

When you log in to MAPIR after submitting your application you will see the Medicaid EHR Incentive Program Participation Dashboard.

Notice that the Status of your application is *Submitted*. You can only view an application in a Submitted status. The next payment year application will be enabled when you become eligible to apply. For status information, please see the [Status Definition](#) table in the Post Submission Activities section of this manual.

MAPIR

Medicaid EHR Incentive Program Participation Dashboard

NPI
TIN
;

CCN

(*) Red asterisk indicates a required field.

*Application (Select to Continue)	Stage	Status	Payment Year	Program Year	Incentive Amount	Available Actions
<input type="radio"/>	Upgrade	Completed	1	2013	\$41,080.96	Select the "Continue" button to view this application.
<input type="radio"/>		Not Started	2	2014	Unknown	Select the "Continue" button to begin this application.
<input type="radio"/>	Future	Future	3	Future	Unknown	None at this time
<input type="radio"/>	Future	Future	4	Future	Unknown	None at this time

Continue

The screen below shows an application in a status of *Completed*. You can click the **Review Application** tab to review your application; however, you will not be able to make changes.


If your application is in a *Submitted*, *Pended for Review*, or a *Completed* status, you will have the option to upload additional documentation on the **Document Upload** tab; however, if your application is not in one of the statuses previously mentioned, the Document Upload tab will not display.

Name		NPI	
CCN		Hospital TIN	
Payment Year		Program Year	
Current Status	Review Application	Submission Outcome	Document Upload
Name:			
Applicant NPI:			
Status: Completed ←			

Once your application has been processed by the state Medicaid program office, you can click the **Submission Outcome** tab to view the results of submitting your application.

Name	NPI
CCN	Hospital TIN
Payment Year	Program Year

Current Status	Review Application	Submission Outcome	Document Upload
----------------	--------------------	--------------------	-----------------



Select "Print" to generate a printer friendly version of this information.

Print

Status <p style="text-align: center;"><i>Completed</i></p>
--

Payment Amount <p style="text-align: center;"><i>You have been approved to receive a payment in the amount of \$2,624,441.02</i></p>
--

Provider Information Name: Applicant NPI:
--

The following table lists some of the statuses your application may go through.

Status	Definition
Not Registered at R&A	MAPIR has not received a matching registration from both the R&A and the state MMIS.
Incomplete	The application is in a working status but has not been submitted and may still be updated by the provider.
Submitted	The application has been submitted. The application is locked to prevent editing and no further changes can be made.
Payment Approved	A determination has been made that the application has been approved for payment.
Payment Disbursed	The financial payment data has been received by MAPIR and will appear on your remittance advice.
Partial Recoupment Received	An adjustment has been requested and the total amount has not been recouped.
Partial Remittance Received	An adjustment has been processed and a partial recoupment has been made and will appear on your remittance advice.
Aborted	When in this status, all progress has been eliminated for the incentive application and the application can no longer be modified or submitted.
Adjustment Initiated	An adjustment has been lodged with the proper state authority by the provider.
Adjustment Approved	The adjustment has been approved.
Adjustment Canceled	The adjustment has been canceled.
Denied	A determination has been made that the provider does not qualify for an incentive payment based on one or more of the eligibility rules.
Completed	The application has run a full standard process and completed successfully with a payment to the provider.
Cancelled	An application has been set to "Cancelled" status only when R&A communicates a registration cancellation to MAPIR. MAPIR cancels both the registration and any associated application.
Future	This is a status that will be displayed against any application to indicate the number of future applications that the provider can apply for within the EHR Incentive Program.
Not Eligible	This is a status that will be displayed against any application whenever the provider has exceeded the limits of the program timeframe.
Not Started	This is a status that will be displayed against any application whenever the provider has not started an application but MAPIR received an R&A registration and has been matched to an MMIS provider.
Expired	An application is set to an "Expired" status when an application in an "Incomplete" status has not been submitted within the allowable grace period for a program year or when an authorized admin user changes an application to this status after the end of the grace period. Once an application is in an Expired status, the status cannot be changed, and it is only viewable to the provider.

Additional User Information

This section contains an explanation of additional user information, system messages, and validation messages you may receive.

Start Over and Delete All Progress - If you would like to start your application over from the beginning you can click the **Get Started** tab. Click the "[here](#)" link on the screen to start over from the beginning.

Name	NPI
CCN	Hospital TIN
Payment Year	Program Year

[Get Started](#)
[R&A/Contact Info](#)
[Eligibility](#)
[Patient Volumes](#)
[Attestation](#)
[Review](#)
[Submit](#)

Name:


Applicant NPI:

Status: Incomplete [Continue](#)

Click [here](#) if you would like to eliminate all information saved to date, and start over from the beginning.

This screen asks you to confirm your selection to start the application over and delete all information saved to date. This process can only be done prior to submitting your application. Once your application is submitted, you will not be able to start over.

Click **Confirm** to Start Over and Delete All Progress.

Name CCN Payment Year	NPI Hospital TIN Program Year
Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit	
<h3>Start Over and Delete All Progress</h3> <p>To submit your request to delete all information saved to date, select Confirm. Select Cancel to return to the previous screen.</p> <hr/> <div>  <p>Important: By electing to start over, you are opting to permanently erase all data previously saved for your application.</p> </div> <hr/> <div> Cancel Confirm </div>	

If you clicked **Confirm** you will receive the following confirmation message: “To **continue** click **OK**”.

Name CCN Payment Year	NPI Hospital TIN Program Year
Get Started R&A/Contact Info Eligibility Patient Volumes Attestation Review Submit	
<h3>Start Over and Delete All Progress</h3> <hr/> <p>Your application has been reset and all saved data has been eliminated. Please select "OK" to start from the beginning. You will be redirected to the Get Started tab.</p> <hr/> <div> OK </div>	

Contact Us – Clicking on the Contact Us link in the upper right corner of most screens within MAPIR will display the following state Medicaid program contact information.

MAPIR

Contact Us
See the EHR Incentive Program FAQs web page at indianamedicaid.com
See the Electronic Health Record Incentive Program Provider Manual at indianamedicaid.com
Call EHR Customer Service at **(317) 488-5137** or **1-855-856-9563**
Email your questions to MedicaidHealthIT@fssa.in.gov

MAPIR Error Message –This screen will appear when a MAPIR error has occurred. Follow all instructions on the screen. Click **Exit** to exit MAPIR.

MAPIR

An error has occurred.

Validation Messages –The following is an example of the validation message – **You have entered an invalid CMS EHR Certification ID.** Check and reenter your CMS EHR Certification ID. The Validation Messages Table lists validation messages you may receive while using MAPIR.

Payment Year
Program Year

MAPIR

Name:

Applicant NPI:

Status: Not Started

If you are attesting to a Meaningful Use option that is different from what you were scheduled for, you will be required to supply one or more delay reasons on the next screen.

Note: If you are attesting to Adopt, Implement, or Upgrade, you must be adopting, implementing, or upgrading to a 2014 certified edition. If you are attesting to Meaningful Use, please enter the certification number you had during your EHR reporting period.

The EHR Incentive Payment Program requires the use of technology certified for this program. Please enter the CMS EHR Certification ID that you have obtained from the ONC Certified Health IT Product List (CHPL) website. Click [here](#) to access the CHPL website. You must enter a valid certification number.

Click the **Exit** button to terminate your session. When ready click the **Next** button to continue.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

⚠ Please enter the 15 character CMS EHR Certification ID for the Complete EHR System:

(No dashes or spaces should be entered.)

• You have entered an invalid CMS EHR Certification ID. ←

Exit
Reset
Next

Validation Messages
Please enter all required information.
The User ID is already defined in MAPIR.
You must provide NPI number in order to proceed.
You must provide all required information in order to proceed.
Please correct the information at the Medicare & Medicaid EHR Incentive Program Registration and Attestation System (R&A).
The date that you have specified is invalid, or occurs prior to the program eligibility.
The date that you have specified is invalid.
The phone number that you entered is invalid.
The phone number must be numeric.
The email that you entered is invalid.
You must participate in the Medicaid incentive program in order to qualify.
You must select at least one type of provider.
You must select at least one location in order to proceed.
The ZIP Code that you entered is invalid.
The NPI that you entered is not valid.
You must select at least one activity in order to proceed.
You must define all added 'Other' activities.
Amount must be numeric.
You must answer "Yes" to the second question.
You must indicate whether you are completing this application as the actual provider or a preparer.
You must verify that you have reviewed all information entered into MAPIR.
The NPI Number must be numeric and ten (10) digits in length.
The Personal TIN must be numeric and nine (9) digits in length.
Please confirm. You must not have any current sanctions or pending sanctions with Medicare or Medicaid in order to qualify.
You did not meet the criteria to receive the incentive payment.
All data must be numeric.
You must enter at least one search criteria value.
NPI must be numeric and consist of ten (10) digits.
Provider TIN must be numeric and nine (9) digits long.
CCN must be numeric and must be six (6) digits.
Adjustment Amount must be numeric.

Debit Amount must not exceed the Payment Amount.
Amount must not exceed program year limit.
The status that you have selected is invalid for this application.
The user may not be deleted when activity has been performed in MAPIR.
You must enter all requested information in order to submit the application.
The email address you have entered does not match.
You have entered an invalid CMS EHR Certification ID.
You must answer Yes to utilizing certified EHR technology in at least one location where reporting Medicaid Patient Volume in order to proceed.
You must be licensed in the state(s) in which you practice.
You cannot practice in an FHQC/RHC and be an Individual Practitioner's Panel.
You must select Yes or No to utilizing certified EHR technology in this location.
You have entered a duplicate Group Practice Provider ID.
You must enter Yes to voluntarily assigning payment.
You must select a Payment Address in order to proceed.
You must enter the email address twice for validation purposes.
You must be in compliance with HIPAA regulations.
You must be an Acute Care Hospital or a Children's Hospital to be eligible to receive the EHR Medicare Program Payment.
An incentive payment has not been issued at this time.
An Adjustment Reason is required.
There are no Payment Addresses on file for your NPI/TIN, please correct this at your state Medicaid Management Information System (MMIS) before continuing with your application.
All amounts must be between 0 and 999,999,999,999,999.
Please select a valid State from the list.
Name must not exceed 150 characters.
You must answer Yes to utilizing certified EHR technology in at least one location in order to proceed.
The amounts entered are invalid.
Amounts entered for Total Charges and Total Charges Charity Care must be between \$0 and \$9,999,999,999,999.99.
You have made an invalid selection.
Numerator cannot be greater than denominator and numerator/denominator cannot be a negative value.
The 90 day period you selected did not return any active locations for that time period, please check the 90 day patient volume timeframe.

You must select at least one Public Health menu measure. A total of 5 Menu measures must be selected.
Data entered is invalid and must be a positive whole number.
The number you have entered is invalid, it must be a positive whole number.
You have indicated that you qualify for the exclusion. As a result a numerator and denominator should not be entered.
You must attest to at least one Public Health measure. The measure selected may be an exclusion.
The date you have entered is in an invalid format.
You must exit MAPIR and return, in order to access a different program year incentive application.
You must choose an application.
The time you have entered is in an invalid format.
The selection you have made is not a valid option at this time.
You must select at least 5 menu measures.
You have entered zero as a denominator on one or more of your Core Clinical Quality Measures. Please refer to the instructions on this page for additional information.
You have entered zero as a denominator for the Alternate Clinical Quality Measure selected. Please choose another Alternate Clinical Quality Measure to attest to where it is possible to enter a value other than zero for the denominator. Please refer to the instructions on this page for additional information.
You must select 4 menu measures from outside the Public Health Menu set.
Total Inpatient Medicaid Bed Days must be less than Total Inpatient Bed Days
Total Charges – Charity Care must be less than Total Charges – All Discharges
Values entered match the existing cost data on file
The Start Date you have entered was attested to in a previous Payment Year
You may only select yes to one exclusion.
Payee TIN must be numeric and nine (9) digits long.
Note Text must be 1000 characters or less.
You have not met the minimum number of documents required. Please upload the minimum number of documents required to proceed.
File must be in _____.
File must be no larger than _____.
You must select at least 3 menu measures to proceed.
You must select a minimum of 16 Clinical Quality Measures from at least 3 different Domains to proceed.
Your EHR Attestation Selection does not match the stage selection made when you started your application.
You must select one file from the drop-down list in order to proceed.

You may not exclude both Menu Measures 9 & 10.
You may not attest to Menu Measure 9 and exclude Menu Measure 10.
You may not exclude Menu Measure 9 and attest to Menu Measure 10.
You have not completed the patient volumes. Please return to the Patient Volume tab to enter patient volumes.
You have not attested to all MU Measures. Please return to the Attestation tab to attest to all required measures.
You must select a minimum of 9 Clinical Quality Measures from at least 3 different Domains to proceed.
You must select all menu measures when an exclusion has been claimed on one or more menu measures.
You must answer all Exclusion questions with a Yes or No answer to proceed.
You must enter a CMS Audit Number in order to proceed.
You have selected an Adjustment Reason that does not allow for entering a CMS Audit Number.
The CMS Audit Number must be alphanumeric and ten (10) characters in length and must not contain spaces.
Full amount needs to be recouped for an Adjustment due to Audit.
The Performance Rate value you entered is invalid, it must be a combination of a whole number and a decimal (for example, "10.0"). The acceptable range for Performance Rate value is 0.0 to 100.0.
The Observation percent value you entered is invalid, it must be a combination of a whole number and a decimal (for example, "10.0"). The acceptable range for Observation percent value is 0.0 to 100.0.
Full Year is not a valid option for Program Year 2014. Please select the 90 day option.
You have excluded both Public Health measures. Please select 5 Menu measures from outside the Public Health Menu set.
You have selected to exclude a Public Health measure. Please attest to the remaining Public Health measure.
This transaction can no longer be cancelled.
The Patient Volume 90 day date range is no longer valid.
Please confirm that the file you are uploading is intended to be displayed on the provider's application.
Please confirm that the file is intended to be displayed on the provider's application.
Delay reason must be 500 characters or less.
ONC Service is unavailable
You have entered an invalid CMS EHR Certification ID for the current "Health Information Technology: Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology Rule"

You may not change the status due to a pending adjustment. You must delete the pending adjustment in order to proceed.
You must select one or more incentive applications to be adjusted.
You have selected an invalid option for the provider type and/or payment year.
You have selected an invalid adjustment option.
You have selected an invalid HPSA option.
The Program Year selected is not available for this NPI.
Invalid import record format.
The maximum number of audit rows allowed to be imported in a single submission has been exceeded.
Payment Year is invalid.
Program year is invalid.
A Completed Incentive Application was not found for this Provider/Payment Year/Program Year combination.
Audit Reason is invalid.
Audit Organization is invalid.
Audit Type is invalid.
Audit Intent Date is invalid.
External Audit Control System Number (State Assigned) must not be greater than 10 characters.
Audit Status may only be changed to Audit Started or Audit Canceled when current Audit Status is Intent to Audit.
Audit Status may only be changed to Audit Canceled or Audit Completed when current Audit Status is Audit Started.
Audit Start Date is required with the Audit Status of Audit Started.
Audit Finding and Audit End Date are required with the Audit Status of Audit Completed.
Audit Finding and Audit End Date are invalid for the Audit Status specified.
Audit Cancellation Reason and Audit Cancellation Date are required with the Audit Status of Audit Canceled.
Audit Cancellation Reason and Audit Cancellation Date are invalid for the Audit Status specified.
Audit Cancellation Reason must be 250 characters or less.
Audit Intent Date cannot be a future date.
Audit Start Date cannot be a future date.
Audit Start Date cannot be prior to the Audit Intent Date.
Audit Cancellation Date cannot be a future date.
Audit Cancellation Date cannot be prior to the Audit Intent Date.
Audit Cancellation Date cannot be prior to the Audit Start Date.

Audit End Date cannot be a future date.
Audit End Date cannot be prior to the Audit Intent Date.
Audit End Date cannot be prior to the Audit Start Date.
Audit Status may only be changed to Intent to Audit.
An active audit with this Provider/Payment Year/Program Year combination already exists.
All audit case records have been successfully imported.
The request can no longer be completed for the selected adjustment(s).
The CCN value entered is invalid for this NPI.
A multi-year adjustment cannot be initiated while there are incentive applications in process.
The audit transaction conditions have changed resulting in the cancellation of your request. Please select Audit Display link to redisplay Audit Summary Worksheet.
Audit Status may only be changed to Audit Canceled.
You have selected an Adjustment Action that does not allow for entering a CMS Audit Number.
You must select one or more adjustments to be deleted.
You cannot import duplicate records for a Provider Payment Year/Program Year combination.
This adjustment is no longer available.
An updated B-6 has been received and may impact one or more of your incentive applications.
Only one incentive application in Denied status may be selected.
You have selected an incentive application that is not eligible for multi-year adjustment.
You cannot begin an incentive application while a multi-year adjustment is pending.
The multi-year adjustment process does not permit selection of all eligible incentive applications.
The multi-year adjustment process cannot be used to simultaneously pay a denied incentive application and retract a paid incentive application.
You must specify a current or future date.
Audit Status may only be changed to Audit Started.
Audit Status may only be changed to Audit Completed.
The Audit Finding is invalid for the Audit Type specified.
A multi-year adjustment is currently in progress; therefore, this request cannot be completed.
You must select at least two Required Public Health Options to proceed.
You must select at least one Required Public Health Option to proceed.
You have indicated that the Measure does not apply to you. As a result, you may not select an Active Engagement Option.
You may only select Yes to one of the Exclusions.
You may only select one Active Engagement Option.

You have selected to exclude a Public Health Option. Please attest to the remaining Public Health Options.
You must select Option 3A to select Option 3B.
You may only select two Alternate Exclusions for the Public Health Objective.
You must attest to Option 3A before attesting to Option 3B.
You cannot select Option 3B as you have not answered Yes to Option 3A.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 10 Option 3B.
You must select at least three Required Public Health Options to proceed.
You must select Option 3A to select Option 3C.
You must attest to Option 3A before attesting to Option 3B or Option 3C.
You cannot select Option 3C as you have not answered Yes to Option 3A.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 9 Option 3B or Option 3C.
You may only select three Alternate Exclusions for the Public Health Objective.
You may not attest to the Clinical Quality Measures topic.
You must attest to Option 3A before attesting to Option 3B.
You cannot attest to Public Health Option 3B as you have not answered Yes to Public Health Option 3A. Please return to the Public Health selection screen and uncheck Public Health Option 3B.
You must select Option 3A to select Option 3B, 3C or 3D.
You must attest to Option 3A before attesting to Options 3B, 3C or 3D.
You cannot select Option 3B, 3C or 3D as you have not answered Yes to Option 3A.
You cannot Clear All Entries as you have previously attested to Objective 8 Option 3B.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 8 Option 3B, 3C or 3D.
You must select Option 4A to select Option 4B.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 8 Option 3B.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 8 Option 4B.
You must attest to Option 4A before attesting to Option 4B.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 8 Option 4B, 4C or 4D.
You must select at least four Required Public Health Options to proceed.
You cannot attest to Public Health Option 4B as you have not answered Yes to Public Health Option 4A. Please return to the Public Health selection screen and uncheck Public Health Option 4B.
You must select Option 4A to select Option 4B, 4C or 4D.

You must attest to Option 4A before attesting to Options 4B, 4C or 4D.
You cannot select Option 4B, 4C or 4D as you have not answered Yes to Option 4A.
You cannot Clear All Entries as you have previously attested to Objective 8 Option 4B.
You must attest to Public Health Option 3B.
You must attest to Public Health Option 4B.
You must attest to Public Health Option 5B.
Please select a Program Year.
You must select Option 5A to select Option 5B, 5C or 5D.
You must attest to Option 5A before attesting to Options 5B, 5C or 5D.
You cannot select Option 5B, 5C or 5D as you have not answered Yes to Option 5A.
You must select Option 5A to select Option 5B.
You must attest to Option 5A before attesting to Option 5B.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 8 Option 5B.
You cannot Clear All Entries as you have previously attested to Objective 8 Option 5B.
You must select all 16 Clinical Quality Measures to proceed.
You must select a minimum of 6 Clinical Quality Measures to proceed.
You cannot attest to Public Health Option 5B as you have not answered Yes to Public Health Option 5A. Please return to the Public Health selection screen and uncheck Public Health Option 5B.
You have not successfully attested to two Public Health options therefore you may not claim an exclusion for Option B.
You cannot select No to indicate that this option does not apply to you, as you have previously attested to Objective 8 Option 5B, 5C or 5D.
You have selected to exclude a Public Health Option. Please attest to the remaining Public Health Options. Option 3 is not required.
You cannot enter a registry name, as one has been selected from the list.
You cannot select the same Registry name for options A and B.
The file name is invalid.
You cannot select No to the measure and select or enter a registry name.
You must select at least one Outcome CQM or the acknowledgement checkbox.
You must select at least one High Priority CQM or the acknowledgement checkbox.
Enter a valid file location.
File must be no larger than 2MB in size.
File must be in PDF format.
File cannot be successfully uploaded.

Internal Error: File cannot be viewed.
Virus Detected!! The file has been deleted.
File has been successfully uploaded.
File was not successfully removed.
File has been successfully deleted.
The file that you have requested to upload is empty and cannot be processed.
File name must be less than or equals to 100 characters.
Provider ID must contain only alphabetic characters or numbers.
No results found
Note Text is required.
Note Text must be 1000 characters or less.
User ID is required.
First Name is required.
Last Name is required.
Invalid status change - D16 request has been sent.
Invalid status change - B6 has been inactivated.
You do not have permission to make this Status Change.
User ID cannot be larger than 20 characters.
First name cannot be larger than 150 characters.
Last name cannot be larger than 50 characters.
This user cannot be inactivated. Either the user information has been changed without saving or there is incentive application activity associated with the user id.
You must retrieve the details of the user before attempting to delete. Please press the "Find Details" button and then try again.
The User ID that you entered already exists.
At least one rejection reason is required.
Begin Run Date is required.
End Run Date is required.
Begin Run Date must be less than End Run Date.
Report Name is required.
You entered a date range that exceeds the 90 day limit.
Amount is required.
Amount must be greater than zero.
Provider Grace Period has been removed.
Provider Grace Period has been applied for the selected Program Year.

Note\: The Overall EHR Incentive Amount is greater than %s. Please review this incentive payment.
The Medicaid Share may be higher than 100%%.

New User ID is required.

Amount is required.

Amount must be numeric value.

Amount must be between 0 and 999,999,999,999,999.

Hover Bubble Definitions

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
MAPIR Dashboard	Stage	Display Field	The Stage refers to the adoption phase or meaningful use stage/EHR reporting period (except for dually eligible hospitals) that applies to a given application.
	Status	Display Field	Status of the incentive application
	Payment Year	Display Field	The payment year is designated as a sequential number starting with payment year 1 up to the maximum number of payments for the program
	Program Year	Display Field	The 4 digit year within which a provider attests to data for eligibility for a payment. For an EP this is the Calendar year (January thru December). For an EH it is the Federal Fiscal Year (October thru September). Valid Program Years are 2011-2021.
	Incentive Amount	Display Field	The incentive amount that was paid for a particular application for the specified program and payment year. This includes initial and all adjustment amounts.
Eligibility Questions Part 1 of 2	Please confirm you are choosing the Medicaid incentive program.	Yes/No Radio Buttons	When you registered at the CMS registration and attestation site, you indicated that you are applying for the Medicaid EHR Incentive payment in this state, please confirm
	Do you have any current sanctions or pending sanctions with Medicare or Medicaid in <state>?	Yes/No Radio Buttons	The temporary or permanent barring of a person or other entity from participation in the Medicare or State Medicaid health care program and that services furnished or ordered by that person are not paid for under either program. See 42 CFR Ch. IV § 402.3 Definitions in the current edition
	Is your facility currently in compliance with all parts of the HIPAA regulations?	Yes/No Radio Buttons	All providers must be in compliance with the current Health Information Portability and Accountability Act (HIPAA) regulations. Current regulations can be reviewed at http://www.hhs.gov/ocr/privacy/
Patient Volume (Part 2 of 3) - Location	Is your facility licensed to operate in all states in which services are rendered?	Yes/No Radio Buttons	Eligible hospitals must meet the state law licensure requirements of the state issuing the EHR incentive payment
Patient Volume	Provider ID	Display Field	Configurable by state

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
(Part 2 of 3) – Location	Available Actions	Buttons	Edit/Delete actions are only presented when rows have been added. Review the information for the Provider ID/Location/Address entered. Validate what was entered is accurate. Click Edit to modify the information. Click Delete to have the Provider ID/Location/Address removed from the list
Patient Volume (Part 2 of 3) - Location	Location Name	Enterable	Enter the legal entity name for the location being added
Add Location screen	Address Line 1	Enterable	Enter the service location's street address. Example: 55 Main Street. This cannot be a Post Office Box number
Patient Volume (Part 2 of 3) - Enter Volume	Provider ID	Display Field	Configurable by state
	Medicaid Discharges (In State Numerator)	Enterable	For the continuous 90-day period, the number of inpatient plus ER/ED discharges where any services were rendered on any one day to an individual enrolled in an eligible Medicaid program. In-State means the State to which you are applying for an incentive payment
	Other Medicaid Discharges (Other Numerator)	Enterable	For the continuous 90-day period, the number of inpatient plus ER/ED discharges where any services were rendered on any one day to an individual enrolled in an eligible Medicaid program, not included in the In-State Numerator
	Total Discharges All Lines of Business (Denominator)	Enterable	Total number of inpatient plus ER discharges for all In-State and Out-Of-State patients regardless of health insurance coverage for the selected continuous 90-day period for each location selected
Hospital Cost Report Data (Part 3 of 3)	Total Discharges	Enterable	For each reporting fiscal year, enter the total number of inpatient discharges for all patients regardless of health insurance coverage for each location listed
Hospital Cost Report Data (Part 3 of 3)	Total Inpatient Medicaid Bed Days	Enterable	For the most current fiscal year listed, the number of total inpatient bed days where any services were rendered on any one day to an individual enrolled in an eligible Medicaid program
	Total Inpatient Bed Days	Enterable	Total acute care bed days for all services regardless of health insurance coverage
	Total Charges - All Discharges	Enterable	Total charges for all services regardless of health insurance coverage

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
	Total Charges - Charity Care	Enterable	Total charity care for all inpatient services regardless of health insurance coverage
Attestation Phase (Part 1 of 3)	Adoption:	Radio Button	Eligible Hospital has financial and/ or legal commitment to certified EHR technology capable of meeting Meaningful Use.
	Implementation:	Radio Button	Eligible Hospital is in the process of installing certified EHR technology capable of meeting Meaningful Use.
	Upgrade:	Radio Button	Eligible Hospital is expanding the functionality of certified EHR technology capable of meeting Meaningful Use
	Meaningful Use:	Radio Button	Eligible Hospitals that have attested to AIU in the past will need to select MU. Eligible Hospitals may select MU in their first incentive payment year
Attestation Phase (Part 1 of 3)	Meaningful Use – 90 Days	Radio Buttons	You may apply using the Meaningful Use (MU) 90 day if you have been utilizing EHR technology for a continuous 90 day period within the current Federal Fiscal Year, and if you have not attested to 90 days of MU in a previous program year. In Program Year 2014, all MU periods are 90 days.
	Meaningful Use – Full Year (Stage 1)	Radio Buttons	You must apply using the Meaningful Use Full Year if you have attested to 90 days of Meaningful Use in the previous program year, and you must be utilizing EHR technology for the entire current Calendar year
	Meaningful Use – Full Year (Stage 2)	Radio Buttons	You must apply using the Meaningful Use Full Year if you have attested to 90 days of Meaningful Use in the previous program year, and you must be utilizing EHR technology for the entire current Federal Fiscal year.
Attestation Meaningful Use Measures	Do at least 80% of unique patients have their data in the certified EHR during the EHR reporting period?	Radio Buttons	A unique patient is defined as a patient who has been seen multiple times in an EHR reporting period, but is only allowed to be counted once
Attestation Phase (Part 3 of 3)	Please confirm that you are either an Acute Care Hospital with an average length of stay of 25 days or fewer, or a Children's Hospital	Yes/No Radio Buttons	A Children's hospital is a separately certified children's hospital either freestanding or hospital-within-hospital and has a CMS certification number (previously Medicare Provider number) with the last 4 digits in the series 3300-3399 and predominantly treats patients under 21 years of age
	Provider ID	Display Field	Configurable by state

Screen/Panel Name	Field Name	Response	Hover Bubble Verbiage
	Additional Information	Display Field	Configurable by state
Application Submission (Part 2 of 2)	Preparer Relationship:	Enterable	Enter the relationship the Preparer has with the Eligible Hospital
Hospital Attestation MU Selection Phase (Part 1 of 3)	Meaningful Use (90 days)	Radio Buttons	This option allows you to attest to a continuous 90 day period of meeting Meaningful Use measures.
	Meaningful Use (Full Year)	Radio Buttons	This option is for attesting to Meaningful Use for a full year.

Acronyms and Terms

Acronym/Term	Definition
CCN	CMS Certification Number
CHIP	Children's Health Insurance Program
CHPL	ONC Certified Health IT Product List
CMS	Center for Medicare and Medicaid Services
EH	Eligible Hospital
EHR	Electronic Health Record
EP	Eligible Professional
MAPIR	Medical Assistance Provider Incentive Repository
NPI	National Provider Identifier
ONC	Office of the National Coordinator for Health Information Technology
Program Switch Incentive Application	The first incentive application from an EH that has switched from Medicare or Dually Eligible to Medicaid or from Medicaid to Medicare or Dually Eligible.
R&A	CMS Medicare and Medicaid EHR Incentive Program Registration and Attestation System
State-To-State Switch Incentive Application	The first incentive application from an EH that has switched from one state to another.
TIN	Taxpayer Identification Number